



Date:12/03/2024 11:58:14

Created Date
2013-07-31 14:36:46.0

Registration Expiration Date
2026-12-31

Last Updated
2024-12-03

Created by
mon250
Registration Renewed Date
2024-12-03
Registration Status Reason
Biennial Registration Renewal - 2022

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

Section 1: Type of Registration

Facility Location: Domestic Registration

UPDATE OF REGISTRATION INFORMATION:

Registration Number: 19233100926

Are you the new owner?

Yes No

Review Owner's Title.

Section 6: Equity Needs (Additional Information)

Facility Name	Telephone Number
Monterey Bay Herb Co	001 831 6821396 24
Facility Name Suffix	Fax Number
Other	
Facility Name Suffix Other	
Main	
Facility Street Address, Line 1	E-Mail Address
241 Walker St	ssilva@herbco.com
Facility Street Address, Line 2	Unique Facility Identifier (UFI)
City	
Watsonville	
State/Province/Territory	
California	
Zip Code (Postal Code)	
95076	



Country/Area

UNITED STATES

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

Monterey Bay Herb Co

Address, Line 1

241 Walker St

Address, Line 2

Telephone Number

001 831 6821396 24

Fax Number

City

Watsonville

E-Mail Address

ssilva@herbco.com

State/Province/Territory

California

Zip Code (Postal Code)

95076

Country/Area

UNITED STATES

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

Same as Facility Address (Section 2)
 Same as Preferred Mailing Address (Section 3)
 None of the above

Company Name

Monterey Bay Herb Co

Telephone Number

001 831 6821396 24

Company Name Suffix

Fax Number

Other

Company Name Suffix Other

Main

Address, Line 1

E-Mail Address

241 Walker St

ssilva@herbco.com

Address, Line 2

City

Watsonville

State/Province/Territory

California

Zip Code (Postal Code)

95076



Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

January

End Month

December

Harvest 2

Start Month

January

End Month

December

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process	Low-Acid Food	Interstate Conveyance	Contract Caterer / Catering Point	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Facility	Mixed-Type Facility	Other Activity (Please Specify)
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12. DIETARY SUPPLEMENT CATEGORIES

b. Vitamins and Minerals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
d. Herbals and Botanicals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



<p>To be completed by all food facilities.</p> <p>Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37</p>	Ambient Food	Refrigerated Food	Frozen Food	Acidified Food	Low Acid Food	Interstate Conveyance	Contract Caterer / Catering Point	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Facility	Mixed-Type Facility	Other Activity (Please Specify)
	Storage Warehouse	Storage Warehouse	Storage Warehouse	Process or	Process or	Conveyance	Caterer / Catering Point	Relabeler	Processor	Repacker	(Reconditioner)	Facility	Facility	Conducted (Please Specify)
15.FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
30.SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

<p>To be completed by all animal food facilities.</p> <p>Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33</p>	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Facility	Mixed-Type Facility	Other Activity (Please Specify)
6.BOTANICALS AND HERBS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
19. MINERALS OR MINERAL PRODUCTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. VITAMINS OR VITAMIN PRODUCTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: David DeSouza

Address, Line 1 241 Walker St	Telephone Number 001 831 6821396 24
Address, Line 2	Fax Number
City Watsonville	E-Mail Address ssilva@herbco.com
State/Province/Territory California	
Zip Code (Postal Code) 95076	
Country/Area UNITED STATES	

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement



The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Scott Silva

CHECK ONE BOX

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
 B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Same as Section 10

Individual's Name

Scott Silva

Telephone Number

001 831 6821396

Address, Line 1

241 Walker St

Fax Number

Address, Line 2

E-Mail Address

ssilva@herbco.com

City

Watsonville

State/Province/Territory

California

Zip Code (Postal Code)

95076

Country/Area

UNITED STATES

Reference code 484151002
E9a255**FDA | U.S. Food and Drug Administration
Food Facility Registration**

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date: 12/03/2024 11:21:44

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

Section 1: Type of Registration

Facility Location : **Domestic Registration**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name :

Previous Owner's Registration Number :

Section 2: Facility Name/Address Information

Facility Name

Monterey Bay Herb Co

Telephone Number

001 800 5006148

Facility Name Suffix

Other

Fax Number

Facility Name Suffix Other

Main

E-Mail Address

ssilva@herbco.com

Facility Street Address, Line 1

241 Walker St.

Unique Facility Identifier (UFI)

175876473

Facility Street Address, Line 2

City

Watsonville

State/Province/Territory

California

Zip/Postal Code

95076

Country/Area

UNITED STATES

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name	Telephone Number
Monterey Bay Herb Co Main	001 800 5006148
Address, Line 1	Fax Number
241 Walker St.	
Address, Line 2	E-Mail Address
	ssilva@herbco.com
City	
Watsonville	
State/Province/Territory	
California	
Zip Code (Postal Code)	
95076	
Country/Area	
UNITED STATES	

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as Preferred Mailing Address (Section 3)
- None of the above

Company Name	Telephone Number
Monterey Bay Herb Co	001 800 5006148
Company Name Suffix	Fax Number
Other	
Company Name Suffix Other	E-Mail Address
Main	ssilva@herbco.com
Address, Line 1	
241 Walker St.	
Address, Line 2	
City	
Watsonville	
State/Province/Territory	
California	
Zip Code (Postal Code)	
95076	
Country/Area	
UNITED STATES	

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

Same as Facility Address (Section 2)
 None of the above

Individual's Title (*Optional*)

Emergency Contact Phone

001 800 5006148

Individual's Name (*Optional*)

E-mail Address

ssilva@herbco.com

Individual's Middle Name (*Optional*)

Job Title (*Optional*)

Individual's Last Name (*Optional*)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

Yes No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

Emergency Contact Phone

-N/A-

-N/A-

Middle Name (*Optional*)

Fax Number

-N/A-

-N/A-

Last Name (*Optional*)

E-Mail Address

-N/A-

-N/A-

Title (*Optional*)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (*Optional*)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (*Optional*).

Harvest 1

Start Month

January

End Month

December

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
Other Activity Conducted	
Mixing, Blending, Milling, Sifting, Pulverizing or ingredient materials	

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

Selected Product Name	Selected Activity Types
6. BOTANICALS AND HERBS	Packer / Repacker; Labeler / Relabeler; Other Activity (Please Specify);
Other Activity Conducted	
Mixing, Blending, Milling, Sifting and Pulverizing of Ingredient materials	

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - U.S. Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : David DeSouza

Address, Line 1 241 Walker St.	Telephone Number 001 800 5006148
Address, Line 2	Fax Number
City Watsonville	E-Mail Address ssilva@herbco.com
State/Province/Territory California	
Zip Code (Postal Code) 95076	
Country/Area UNITED STATES	

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Scott Silva

CHECK ONE BOX

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
 B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Same as Section 10

Individual's Name Scott Silva	Telephone Number 001 831 6821396
Address, Line 1 241 Walker St.	Fax Number
Address, Line 2	E-Mail Address ssilva@herbco.com
City Watsonville	
State/Province/Territory California	
Zip Code (Postal Code) 95076	
Country/Area UNITED STATES	

Date: Dec 3, 2024 11:22:17 AM

Section 1 Type of Registration

1a.	DOMESTIC REGISTRATION	
1b.	INITIAL REGISTRATION: 13731707050	PIN NUMBER: Gfgexa43

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

Section 2 Facility Name/Address Information

FACILITY NAME: Monterey Bay Herb Co	
FACILITY NAME SUFFIX: Main	
FACILITY STREET ADDRESS, Line1: 241 Walker St.	
FACILITY STREET ADDRESS, Line2:	
CITY: Watsonville	STATE/PROVINCE/TERRITORY: California
ZIP CODE (POSTAL CODE): 95076	
COUNTRY/AREA: UNITED STATES	
PHONE NUMBER (Include Area/Country Code): 1 800 5006148	

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: ssilva@herbco.com

Section 3 Preferred Mailing Address Information

(Complete this section only if different from Section 2, Facility Name/Address Information)

If information is the same as section 2, check the box:

NAME: Monterey Bay Herb Co	
ADDRESS, Line1: 241 Walker St.	
ADDRESS, Line2:	
CITY: Watsonville	STATE/PROVINCE/TERRITORY: California
ZIP CODE (POSTAL CODE): 95076	
COUNTRY/AREA: UNITED STATES	
PHONE NUMBER (Include Area/Country Code): 1 800 5006148	

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: ssilva@herbco.com

Section 4 Parent Company Name/Address Information

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- None of the above

NAME OF PARENT COMPANY: Monterey Bay Herb Co

PARENT COMPANY SUFFIX: Main

STREET ADDRESS OF PARENT COMPANY, Line 1: 241 Walker St.

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: Watsonville	STATE/PROVINCE/TERRITORY: California
ZIP CODE (POSTAL CODE): 95076	
COUNTRY/AREA: UNITED STATES	
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 1 800 5006148	

FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: ssilva@herbco.com

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as U.S. Agent Information (Section 7)
- None of the above

INDIVIDUAL's TITLE:	INDIVIDUAL's TITLE OTHER:
INDIVIDUAL'S NAME:	
INDIVIDUAL'S MIDDLE NAME:	
INDIVIDUAL'S LAST NAME:	
TITLE:	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 1 800 5006148	
E-MAIL ADDRESS: ssilva@herbco.com	

Section 6 Trade Names

(If this facility uses trade names other than that listed in section 2 above, list them below (E.G., "also doing business as," "facility also known as")):

ALTERNATE TRADE NAME #1:

Section 7 United States Agent

(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)

FIRST NAME OF U.S. AGENT: -N/A-

MIDDLE NAME OF U.S. AGENT: -N/A-

LAST NAME OF U.S. AGENT: -N/A-

TITLE: -N/A-

ADDRESS, Line 1: -N/A-

ADDRESS, Line 2: -N/A-

CITY: -N/A-

STATE: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): -N/A-

FAX NUMBER (Include Area/Country Code): -N/A-

EMAIL ADDRESS: -N/A-

Section 8 Seasonal Facility Dates of Operation

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis

For Harvest 1

Start Month:January

End Month:December

For Harvest 2

Start Month:

End Month:

Section 9 General Product Categories - HUMAN/ANIMAL/BOTH

Food for Human Consumption

Food for Animal Consumption

Section 9a Food for Human Consumption

<input type="checkbox"/>	a. Fresh Cut Products	<input type="checkbox"/>												
<input type="checkbox"/>	b. Raw Agricultural Commodities	<input type="checkbox"/>												
<input type="checkbox"/>	c. Other Vegetable and Vegetable Products	<input type="checkbox"/>												
<input type="checkbox"/>	34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<input type="checkbox"/>												
<input type="checkbox"/>	35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)]	<input type="checkbox"/>												
<input type="checkbox"/>	36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	<input type="checkbox"/>												
<input type="checkbox"/>	37. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>												

If the food categories listed above do not apply, then print the applicable food category or categories.

Other Activity Conducted

Mixing, Blending, Milling, Sifting, Pulverizing or ingredient materials

Section 9b Food for Animal Consumption

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28 .	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Repacker / Packer	Labeler / Relabeler	Salvage Operator (Reconditioning)	Farm Mixed-Type Facility	Other Activity (Please Specify Below Row 33)

<input type="checkbox"/>	19. MINERALS OR MINERAL PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	20. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	21. MOLASSES OR MOLASSESS PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	22. NON-PROTEIN NITROGEN PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	23. PEANUT PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	24. PROCESSED ANIMAL WASTE PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	25. SCREENINGS	<input type="checkbox"/>								
<input type="checkbox"/>	26. TECHNICAL ADDITIVES	<input type="checkbox"/>								
<input type="checkbox"/>	27. VITAMINS OR VITAMIN PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	28. YEAST PRODUCTS	<input type="checkbox"/>								
<input type="checkbox"/>	29. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)	<input type="checkbox"/>								
<input type="checkbox"/>	30. PET FOOD	<input type="checkbox"/>								
<input type="checkbox"/>	31. PET TREATS OR PET CHEWS	<input type="checkbox"/>								
<input type="checkbox"/>	32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input type="checkbox"/>								
<input type="checkbox"/>	33. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>								

If the food categories listed above do not apply, then print the applicable food category or categories.

Other Activity Conducted

Mixing, Blending, Milling, Sifting and Pulverizing of Ingredient materials

Section 10 – Owner, Operator or Agent in Charge Information

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

* Section 2 - Facility Address Information

Section 3 - Preferred Mailing Address Information

Section 4 - Parent Company Address Information

Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: David DeSouza

STREET ADDRESS, Line 1: 241 Walker St.

STREET ADDRESS, Line 2:

CITY: Watsonville

STATE/PROVINCE/TERRITORY: California

ZIP CODE (POSTAL CODE): 95076

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 800 5006148

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): ssilva@herbco.com

Section 11 Inspection Statement



FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12 Certification Statement

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

Name of the Submitter: Scott Silva

CHECK ONE BOX

A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)



B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: Scott Silva

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: 241 Walker St.

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2:

CITY: Watsonville

STATE/PROVINCE/TERRITORY: California

ZIP CODE (POSTAL CODE): 95076

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 831 6821396

FAX NUMBER (Optional; Include Area/Country Code):

E-MAIL ADDRESS (Optional): ssilva@herbco.com