



**REGISTRATION APPLICATION FOR  
MANUFACTURER, PROCESSOR, REPACKAGER,  
OR WHOLESALE DISTRIBUTOR OF FOOD, DRUGS, OR COSMETICS**

State Form 13054 (R7 / 6-17)  
Indiana State Department of Health  
Food Protection Program

**The following information is required in accordance with Indiana Code (IC) 16-42-1-6:**

Registration of manufacturer, processor, repackager, or wholesale distributor; maintaining place of business in state Sec. 6. (a) A manufacturer, processor, repackager, or wholesale distributor of food, drugs, or cosmetics who maintains a place of business in Indiana shall file with the state department, upon forms to be furnished by the state department, a written statement of the name and address of the owner, the character of the business, and the business address of each place of business in Indiana. (b) A new place of business for the manufacture, processing, repacking, or wholesale distribution of food, drugs, or cosmetics may not be established in Indiana until the place of business has been registered as provided in this chapter. (c) If ownership of a registered place of business changes, the new owner shall reregister the place of business before operating the same.

New Registration: \_\_\_\_\_  
*Estimated Start Date (month, day, year)*                      *Estimated Hours of Operation*                      *Estimated Facility Square Footage*

Change of Owner

Change of Address

Date (month, day, year): \_\_\_\_\_

Legal Name of Establishment: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Telephone: ( ) - - Mobile Telephone: ( ) - - Other: ( ) - - Fax: ( ) - -

Physical Address: \_\_\_\_\_  
Street City County ZIP Code

Mailing Address: \_\_\_\_\_  
Street City County ZIP Code

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City County ZIP Code

Type of Business and Products: (Check the appropriate type(s) and list the food products.):

Manufacturer / Processor       Repackager       Warehouse/Distributor       Other: \_\_\_\_\_

Products: \_\_\_\_\_

Utilities (Check the appropriate):      Water:  Public       Private  
Sewage:  Public       Private

List any other affiliated off-site storage or manufacturing location(s). Use back of form if additional space is needed.

\_\_\_\_\_  
Name Street City County ZIP Code

I (the applicant) agree to abide by the requirements contained in the Wholesale Food Establishment Sanitation Requirements Title 410 Indiana Administrative Code 7-21 and other applicable state and federal regulations.

\_\_\_\_\_  
Printed Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Title

**MAIL OR FAX COMPLETED FORM TO:**  
INDIANA STATE DEPARTMENT OF HEALTH  
FOOD PROTECTION PROGRAM  
100 North Senate Avenue, Room N855  
Indianapolis, IN 46204  
Fax: (317) 233-9200

**FOR OFFICE USE ONLY: REGISTRATION NUMBER:** \_\_\_\_\_ **RISK CATEGORY:** \_\_\_\_\_