

Date:12/09/2021 10:05:32

Created Date	Registration Expiration Date

2021-04-20 02:41:05.0 2022-12-3

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

OYes ONo

Are you a broker, distributor, importer/filer?

OYes
ONo

Do you take physical possession of the food?

OYes

Section 1: Type of Registration

Facility Location: Foreign Registration

UPDATE OF REGISTRATION INFORMATION:

Registration Number: 15551549928

Are you the new owner of a previously registered facility?

Oyes O_{No}

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name Telephone Number

Efe Ege Zeytincilik Gida Ambalaj Ins. Tah. Trzm. San. ve Tic. Ltd. Sti. 090 533 7296301

Facility Name Suffix Fax Number
Limited Company 090 533 7296301

Facility Street Address, Line 1 E-Mail Address

Celtikci mah. Celtikci sok. Marzim F Blok No: 225 F 16 efeegegemlik@gmail.com

Facility Street Address, Line 2 Unique Facility Identifier (UFI)

City

Orhangazi

State/Province/Territory

Bursa

Zip Code (Postal Code)

16825

Country/Area

TURKEY

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

Efe Ege Zeytincilik Gida Ambalaj Ins. Tah. Trzm. San. ve Tic. Ltd. Sti. 090 533 7296301

Address, Line 1 Fax Number

Celtikci mah. Celtikci sok. Marzim F Blok No: 225 F 16 090 533 7296301

Address, Line 2 E-Mail Address

efeegegemlik@gmail.com

City

Orhangazi

State/Province/Territory

Bursa

Zip Code (Postal Code)

16825

Country/Area

TURKEY

Section 4: Parent Company Name/Address Information

// " 'f - 'ff	1 for an O (' O 1 O)	If information is the same as another sec	Cara all and the late to be a section of
LIT ANNIICANIE AND IT DITTEREN	it from Sections 2 and 31	It information is the same as another sec	TION CHECK WHICH SECTION.

• Same as Facility Address (Section 2)

OSame as Preferred Mailing Address (Section 3)

ONone of the above

Company Name Telephone Number

Efe Ege Zeytincilik Gida Ambalaj Ins. Tah. Trzm. San. ve Tic. Ltd. Sti. 090 533 7296301

Company Name Suffix Fax Number

Limited Company 090 533 7296301

Address, Line 1 E-Mail Address

Celtikci mah. Celtikci sok. Marzim F Blok No: 225 F 16 efeegegemlik@gmail.com

Address, Line 2

City

Orhangazi

State/Province/Territory

Bursa

Zip Code (Postal Code)

16825

Country/Area

TURKEY

Section 5: Facility Emergency Contact Information

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

OSame as Facility Address (Section 2)



● Same as U.S. Agent Information (Section 7)

ONone of the above

Individual's Title (Optional) Emergency Contact Phone

001 734 4748993

Individual's Name (Optional) E-Mail Address

Erin aedulger@gmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Ebru

Individual's Last Name (Optional)

Sigan

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?

Oyes

ONo

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 Telephone Number

Erin 734 4748993 null

Middle Name (Optional) Emergency Contact Phone

Ebru 734 4748993

Last Name Fax Number

Sigan

Title (Optional) E-Mail Address

aedulger@gmail.com

Address, Line 1

101 Bar Harbour Rd Unit 3r

Address, Line 2

City

Schaumburg

State/Province/Territory

Illinois

Zip Code (Postal Code)

60193

Country/Area

UNITED STATES

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					End Mo	nth							
Harvest 2													
Start Month					End Mo	nth							
Section 9: Ge	eneral Produc	ct Categories	- Human/Ani	mal/Bo	oth								
☑Food for Hum	an Consumption				□Food	l for Anin	nal Consi	umption					
Section 9a: 0 Facility	Seneral Produ	uct Categorie	s - Food for H	luman	Consu	ımptioı	n; and	Туре о	f Activ	ity Coı	nducte	d at th	е
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 or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
2.BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula	Ø			Ø	Ø			Ø	Ø	Ø			
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS[21 CFR 170.3 (n) (1), (9)]	Ø			Ø	Ø			Ø	Ø	Ø			
4.BEVERAGE BASES _{[21} CFR 170.3 (n)	☑			Ø	Ø			Ø	Ø	Ø			
5.CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM[21 CFR 170.3 (n) (6), (9), (25),	Ø			Ø	Ø			Ø	Ø	Ø			



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 or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
6.CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS[21 CFR 170.3				Ø	V			Ø	Ø	Ø			
8. CHOCOLATE AND COCOA PRODUCTS[21 CFR 170.3 (n) (3), (9), (38), (43)]	Ø			Ø	Ø			V	V	Ø			
9.COFFEE AND TEA[21 CFR 170.3 (n) (3), [7]]	\square			\square	Ø			\square	\square	\square			
17.FRUIT AND FRUIT	PRODUCTS[21 CFR 170.3	8 (n) (16), (27), (28), (35), (43)]											
a.Fresh Cut Produce	\square			\square	Ø			Ø	\square	\square			
b.Raw Agricultural Commodities	\square			\square	Ø			\square	Ø	Ø			
c.Other Fruit and Fruit Products	I			Ø	Ø			Ø	Ø	I			
18.FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS[21 CFR 170.3 (n) (3), (16), (35)]	Ø			Ø	Ø			Ø	V	Ø			
20.ICE CREAM AND RELATED PRODUCTS[21 CFR 170.3 (n) (20), (21)]	Ø			Ø	Ø				\square	Ø			



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 or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract Sterilizer	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
22.MACARONI OR NOODLE PRODUCTS[21 CFR 170.3 (n) (23)]	Ŋ			v	Ø			Ø	Ø	Ø			
24.MILK, BUTTER, OR DRIED MILK PRODUCTS[21 CFR 170.3 (n) (12), (30), (31)]	V			V	V			I	V	V			
26.NUTS AND EDIBLE SEED PRODUCT CATEGORIES[21 CFR 170.3 (n) (26), (32)]													
a.Nut and Nut	Ø			Ø	Ø			Ø	Ø	Ø			
b.Edible Seed and Edible Seed Products			Q. S.	V	Ø					\square			
29.SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE)[21 CFR 170.3 (n)	Ŋ			V	Ø			V	☑	D			
32.SOFT DRINKS AND WATERS[21 CFR 170.3 (n) (3), (35)]	Ø			\square	Ø			\square	V	\square			
33.VEGETABLE AND	VEGETABLE PRODUC	CT CATEGORIES[21 CFR	t 170.3 (n) (19), (36)]	I							I		
a.Fresh Cut Products	v			V	Ø			V	Ø	Ø			
b.Raw Agricultural Commodities	Ø			Ø	Ø			Ø	Ø	Ø			
c.Other Vegetable and Vegetable Products	☑			\square	Ø				\square	\square			



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 or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
34.VEGETABLE OILS (INCLUDES OLIVE OIL)[21 CFR 170.3	Ø			V	Ø			V	Ø	V			
36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH[21 CFR 170.3 (n) (1), (23)]				Ø	Ø			Ø	Ø	Ø			
37.IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT	Ø			Ø	Ø			Ø	Ø	Ø			
OR DO NOT APPEAR ABOVE) If the food categories olive	s listed above do not a	apply, then print the a	oplicable food categor	ry or catego	ories.						G		

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

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Provide the following information, if different from section:	all other sections on the fo	orm. If information is the sar	me as another section of t	the form, check which
If information is the same as Section 2, check the	box:			
● Section 2 - Facility Address Information				
OSection 3 - Preferred Mailing Address Informati	ion			
OSection 4 - Parent Company Address Informati	ion			
OSection 7 - US Agent Address Information				
ONone of the above				



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

Address, Line 1

Celtikci mah. Celtikci sok. Marzim F Blok No: 225 F 16

Address, Line 2

City

State/Province/Territory

Bursa

Orhangazi

Zip Code (Postal Code)

16825

Country/Area

TURKEY

Telephone Number

090 533 7296301

Fax Number

090 533 7296301

E-Mail Address

efeegegemlik@gmail.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.