



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

State Form 13054 (R9 / 2-25)  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

- INSTRUCTIONS:**
1. ALL FIRMS MUST REGISTER WITH THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO OPERATION.
  2. FIRM MUST COMPLY WITH ALL INDIANA WHOLESALE FOOD ESTABLISHMENT SANITATION REQUIREMENT (410 IAC 7-21).
  3. UPON COMPLETION OF THE REVIEW PROCESS, A LETTER OF APPROVAL AND A REGISTRATION CERTIFICATE WILL BE ISSUED. IF ADDITIONAL INFORMATION IS REQUIRED, A REPRESENTATIVE FROM THE INDIANA WHOLESALE FOOD PROGRAM WILL REACH OUT. PLEASE NOTE THAT THE REVIEW OF THIS APPLICATION MAY TAKE UP TO 30 DAYS.
  4. THERE ARE NO REGISTRATION FEES.

New Registration  Change of Ownership  Change of Address  Change of Legal Name

Date of application (mm/dd/yyyy): \_\_\_\_\_ Expected date of operation: (mm/dd/yyyy): \_\_\_\_\_

Legal Name of Establishment: \_\_\_\_\_ Email address: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_ Web address: \_\_\_\_\_

IN Business ID Number\*: \_\_\_\_\_ FEIN number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Main Contact Person Name: \_\_\_\_\_

Previous Owner Name (if applicable): \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Mobile Telephone: ( ) \_\_\_\_\_

Other: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City County ZIP-code

Mailing Address: \_\_\_\_\_

List all off-site storage or manufacturing location(s). (Attach a separate document if additional space is needed)

Name	Street	City	County	ZIP Code
Is this establishment affiliated with other business? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____				
Affiliated company Address: _____				
Name	Street	City	County	ZIP Code
Main contact Person's Name: _____				
Business Telephone: ( ) _____ Mobile Telephone: ( ) _____				
Email address: _____				

\* Visit the Indiana Secretary of State Business Registration site for more information on registration requirements

**FOR OFFICE USE ONLY**

REGISTRATION NUMBER:		RISK CATEGORY:	
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Name of the person in charge of Food Safety: \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Mobile Telephone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have a Preventative Controls Qualified Individual (PCQI):  No  Yes

Name of the person in charge of Food Emergency incidents (e.g. Outbreak, Recall etc): \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Mobile Telephone: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Type of Business and Products: *(Check all applicable and list all food products. Attach additional pages as needed):*

Manufacturer / Processor  Repacker  Warehouse/Distributor  Retail Restaurant

Home Based Vendors  Import  Other: \_\_\_\_\_

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

Is this business inspected by the following:

FDA  USDA  IN Board of Animal Health  IN Egg Board

Local Health Department (County): \_\_\_\_\_  Other: \_\_\_\_\_

Specialty foods produced on-site (check all applicable):

Acidified Food (21CFR114)  Low Acid Canned Foods (21CFR113)  Juice HACCP (21CFR120)

Seafood HACCP (21CFR123)  Bottled Water (21CFR129 & 165)  Other: \_\_\_\_\_

Estimated annual gross food sales:

Less than \$1,000,000  Between \$1,000,000 and \$10,000,000  Greater than \$10,000,000

Business yet to be established

I (the applicant) swear or affirm that all information in this application is true and correct. I 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. This includes notifying the Indiana Health Department if any of the above information has been changed

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

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

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

**MAIL OR FAX COMPLETED FORM TO:**  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION  
2 North Meridian Street  
Indianapolis, IN 46204  
Fax: (317) 233-9200

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