



Date:09/13/2024 15:48:02

Please review the registration.

Created Date

2024-09-13 15:25:40.0

Created by

aro37879

Registration Expiration Date

2024-12-31

Registration Renewed Date

Last Modified by

FMLS

Last Updated

2024-09-13

Last Modified by Company

**ZIRVE SUSAM TAHIN ATTARIYE GIDA SANAYI TICARET LIMITED
SIRKETI**

Registration Status

VALID

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: **Foreign Registration**

Initial Registration **11957727588** Pin No **d2AG0078**

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

**ZIRVE SUSAM TAHIN ATTARIYE GIDA SANAYI TICARET LIMITED
SIRKETI**

Telephone Number

090 332 3423526

Facility Name Suffix

Limited

Fax Number

Facility Street Address, Line 1

NO:21 BUYUKKAYACIKOSB MAHALLESİ 503 NOLU SOKAK

E-Mail Address

zmattan@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

519955531

City

SELÇUKLU

State/Province/Territory

Konya



Zip Code (Postal Code)

42250

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

**ZIRVE SUSAM TAHIN ATTARIYE GIDA SANAYI TICARET LIMITED
SIRKETI**

Telephone Number

090 332 3423526

Address, Line 1

NO:21 BUYUKKAYACIKOSB MAHALLESİ 503 NOLU SOKAK

Fax Number

Address, Line 2

E-Mail Address

zmattan@gmail.com

City

SELCUKLU

State/Province/Territory

Konya

Zip Code (Postal Code)

42250

Country/Area

TURKEY

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

**ZIRVE SUSAM TAHIN ATTARIYE GIDA SANAYI TICARET LIMITED
SIRKETI**

Telephone Number

090 332 3423526

Company Name Suffix

Limited

Fax Number

Address, Line 1

NO:21 BUYUKKAYACIKOSB MAHALLESİ 503 NOLU SOKAK

E-Mail Address

zmattan@gmail.com

Address, Line 2

City

SELCUKLU

State/Province/Territory

Konya



Zip Code (Postal Code)

42250

Country/Area

TURKEY

Section 5: Facility Emergency Contact Information

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 (Optional)

Emergency Contact Phone

090 332 3423526

Individual's Name (Optional)

E-Mail Address

zmattan@gmail.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

Telephone Number

Zach

313 2054220 null

Middle Name (Optional)

Emergency Contact Phone

313 6226864

Last Name

Fax Number

Mattan

Title (Optional)

E-Mail Address

zach.aromaimports@gmail.com

Address, Line 1

27209 W Warren St

Address, Line 2

City

Dearborn Heights

State/Province/Territory

Michigan



Zip Code (Postal Code)

48127

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 Month

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

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	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS ^[21 CFR 170.3 (n) (1), (9)]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CHOCOLATE AND COCOA PRODUCTS ^[21 CFR 170.3 (n) (3), (9), (38), (43)]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES ^[21 CFR 170.3 (n) (26), (32)]													
b. Edible Seed and Edible Seed Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Zach Mattan

Address, Line 1

27209 W Warren St

Address, Line 2

City

Dearborn Heights

State/Province/Territory

Michigan

Zip Code (Postal Code)

48127

Country/Area

UNITED STATES

Telephone Number

001 313 2054220

Fax Number

E-Mail Address

zach.aromaimports@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.

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: Zach Mattan

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:

Individual's Name

-N/A-

Telephone Number

-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-

Fax Number

-N/A-

E-Mail Address

-N/A-