U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:12/04/2020 12:35:24

Created Date
2016-09-08 16:59:38.0

Created by
wac4934

Registration Expiration Date
2022-12-31

Registration Renewed Date
2020-12-04

Last Updated
2020-12-04

Registration Status Reason
Biennial Registration Renewal - 2018

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

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **10172156298** Pin No **65Je3ce3**

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
Waco Bottling

Telephone Number
001 254 3001366

Facility Name Suffix
Limited Liability Corporation

Fax Number

Facility Street Address, Line 1
209 Otis Dr

E-Mail Address
patrick@wacobottling.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
080331158

City
Woodway

State/Province/Territory
Texas

Zip Code (Postal Code)
76712

Country/Area
UNITED STATES

U.S. FOOD & DRUG ADMINISTRATION
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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
Waco Bottling

Address, Line 1
209 Otis Dr

Address, Line 2

City
Woodway

State/Province/Territory
Texas

Zip Code (Postal Code)
76712

Country/Area
UNITED STATES

Telephone Number
001 254 3001366

Fax Number

E-Mail Address
patrick@wacobottling.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:

◉ Same as Facility Address (Section 2)

○ Same as Preferred Mailing Address (Section 3)

○ None of the above

Company Name
Waco Bottling

Company Name Suffix
Limited Liability Corporation

Address, Line 1
209 Otis Dr

Address, Line 2

City
Woodway

State/Province/Territory
Texas

Zip Code (Postal Code)
76712

Country/Area
UNITED STATES

Telephone Number
001 254 3001366

Fax Number

E-Mail Address
patrick@wacobottling.com

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)

Mr

Individual's Name (Optional)

Patrick

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Linstrom

Emergency Contact Phone

001 512 7753657

E-Mail Address

office@wacobottling.com

Job Title (Optional)

Owner

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

Alternate Trade Name #1: **Waco Bottling Company**

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

-N/A-

Middle Name (Optional)

-N/A-

Last Name (Optional)

-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-

Emergency Contact Phone

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-

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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 Processor	Low-Acid Food Processor	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)
9.COFFEE AND TEA[21 CFR 170.3 (n) (3), (7)]	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
13.DRESSING AND CONDIMENTS[21 CFR 170.3 (n) (8), (12)]	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐	☐
16.FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
30.SPICES, FLAVORS, AND SALTS[21 CFR 170.3 (n) (26)]	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
32.SOFT DRINKS AND WATERS[21 CFR 170.3 (n) (3), (35)]	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐

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 Processor	Low-Acid Food Processor	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)
34.VEGETABLE OILS (INCLUDES OLIVE OIL)[21 CFR 170.3 (n) (12)]	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐

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

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)
32.PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐

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: Patrick Linstrom

Address, Line 1

209 Otis Dr

Address, Line 2

Telephone Number

001 254 3001366

Fax Number

City

Woodway

State/Province/Territory

Texas

Zip Code (Postal Code)

76712

Country/Area

UNITED STATES

E-Mail Address

patrick@wacobottling.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 RENEWAL: Keegan Granfor

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-

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-

Telephone Number

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-