



Date:10/03/2022 11:20:19

Created Date

2003-10-17 16:53:14.0

Registration Expiration Date

2024-12-31

Last Updated

2022-10-03

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: **15898717672**

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

Schwabe North America, Incorporated

Facility Name Suffix

Incorporated

Facility Street Address, Line 1

825 Challenger Dr

Facility Street Address, Line 2

City

Green Bay

State/Province/Territory

Wisconsin

Zip Code (Postal Code)

54311

Country/Area

UNITED STATES

Telephone Number

001 920 4691313

Fax Number

001 920 4694467

E-Mail Address

Brenda.vangoethem@naturesway.com

Unique Facility Identifier (UFI)

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
Schwabe North America, Incorporated	001 920 4691313
Address, Line 1	Fax Number
825 Challenger Dr	001 920 4694467
Address, Line 2	E-Mail Address
	Brenda.vangoethem@naturesway.com
City	
Green Bay	
State/Province/Territory	
Wisconsin	
Zip Code (Postal Code)	
54311	
Country/Area	
UNITED STATES	

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	Telephone Number
Schwabe North America, Incorporated	001 920 4691313
Company Name Suffix	Fax Number
Incorporated	001 920 4694467
Address, Line 1	E-Mail Address
825 Challenger Dr	Brenda.vangoethem@naturesway.com
Address, Line 2	
City	
Green Bay	
State/Province/Territory	
Wisconsin	
Zip Code (Postal Code)	
54311	
Country/Area	
UNITED STATES	

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)

Emergency Contact Phone

001 920 4691313

Individual's Name (Optional)

E-Mail Address

Brenda.vangoethem@naturesway.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

Emergency Contact Phone

-N/A-

-N/A-

Middle Name (Optional)

Fax Number

-N/A-

-N/A-

Last Name (Optional)

E-Mail Address

-N/A-

-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-

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

<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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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	Refrigerated Food	Frozen Food	Acidified	Low-	Interstat	Contract	Labeler /	Manufact	Packer /	Salvage	Farm	Other
	Storage Warehouse	Storage Warehouse	Storage Warehouse	Food	Acid	e	Sterilizer	Relabele	urer /	Repacke	Operator	Mixed-	Activity
	/ Holding Facility	/ Holding Facility	/ Holding Facility	Process	Food	Conveya		r	Process	r	(Recondi	Type	Conduct
	(e.g., storage	(e.g., storage	(e.g., storage	or	Process	nce			or		tioner)	Facility	ed
	facilities, including	facilities, including	facilities)		or	Caterer /							(Please
	storage tanks, grain	storage tanks)				Catering							Specify)
	elevators)					Point							

12.DIETARY SUPPLEMENT CATEGORIES													
a.Proteins, Amino Acids, Fats and Lipid Substances[21 CFR 170.3(o) (20)]	<input checked="" type="checkbox"/>	<input 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"/>
b.Vitamins and Minerals	<input checked="" type="checkbox"/>	<input 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"/>
c.Animal By-Products and Extracts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.Herbals and Botanicals	<input checked="" type="checkbox"/>	<input 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: Schwabe North America, Inc.



Address, Line 1

825 Challenger Dr

Address, Line 2

City

Green Bay

State/Province/Territory

Wisconsin

Zip Code (Postal Code)

54311

Country/Area

UNITED STATES

Telephone Number

001 920 4691313

Fax Number

001 920 4694467

E-Mail Address

Brenda.vangoethem@naturesway.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: Greta Swanson

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:

☐ Same as Section 10

Individual's Name

Brenda VanGoethem

Address, Line 1

825 Challenger Drive

Address, Line 2

City

Green Bay

State/Province/Territory

Wisconsin

Telephone Number

001 920 4691313

Fax Number

E-Mail Address

Brenda.VanGoethem@naturesway.com



FDA

**U.S. FOOD & DRUG
ADMINISTRATION**

CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Zip Code (Postal Code)

54311

Country/Area

UNITED STATES