

FDA**U.S. Food and Drug Administration
Food Facility Registration**

Date: 10/29/2018 6:18:52

Created Date
2011-05-18 06:41:18.0Created by
cas48401Registration Expiration Date
2020-12-31Registration Renewed Date
2018-10-29Last Updated
2018-10-29Registration Status Reason
Biennial Registration Renewal - 2016Registration 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: **Foreign Registration**UPDATE OF REGISTRATION INFORMATION: *Registration Number: 15570271698* Pin No **bBxB09Gf**

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 InformationFacility Name
Casar S.r.l.Telephone Number
039 070 91341300Facility Name Suffix
Limited CompanyFax Number
039 070 9139041Facility Street Address, Line 1
S.S. 196/D - Km 7,155E-Mail Address
andrea.piga@casarsrl.com

Facility Street Address, Line 2

City
SerramannaState/Province/Territory
CagliariZip/Postal Code
09038Country/Area
ITALY**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
Casar S.r.l.Telephone Number
039 070 91341300

Address, Line 1
S.S. 196/D - Km 7,155

Address, Line 2

City
Serramanna

State/Province/Territory
Cagliari

Zip Code (Postal Code)
09038

Country/Area
ITALY

Fax Number
039 070 9139041

E-Mail Address
andrea.piga@casarsrl.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
Casar S.r.l.

Telephone Number
039 070 91341300

Company Name Suffix
Limited Company

Fax Number
039 070 9139041

Address, Line 1
S.S. 196/D - Km 7,155

E-Mail Address
andrea.piga@casarsrl.com

Address, Line 2

City
Serramanna

State/Province/Territory
Cagliari

Zip Code (Postal Code)
09038

Country/Area
ITALY

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)
Other

Emergency Contact Phone
001 347 5412418

Individual's Title Other
Eataly NY LLC

E-mail Address
d.borri@eataly.it

Individual's Name (Optional)
Dino

Job Title (Optional)

Individual's Middle Name (Optional)

Individual's Last Name (Optional)
Borri

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 **Dino** Telephone Number **212 5390204**

Middle Name (Optional) Emergency Contact Phone **347 5412418**

Last Name **Borri** Fax Number **212 5390254**

Title (Optional) **Eataly NY LLC** E-Mail Address **d.borri@eataly.it**

Address, Line 1 **43 W 23rd St Fl 7**

Address, Line 2

City **New York**

State/Province/Territory **New York**

Zip Code (Postal Code) **10010-4218**

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 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)
13. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]	<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: Casar S.r.l.

Address, Line 1
S.S. 196/4 KM 7,155

Telephone Number
039 070 91341303

Address, Line 2

Fax Number
039 070 9139041

City
SERRAMANNA

E-Mail Address
andrea.piga@casarsrl.com

State/Province/Territory
Cagliari

Zip Code (Postal Code)
09038

Country/Area
ITALY

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: Andrea Piga

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-

Fax Number
-N/A-

Address, Line 2
-N/A-

E-Mail Address
-N/A-

City
-N/A-

State/Province/Territory
-N/A-

Zip Code (Postal Code)
-N/A-

Country/Area
-N/A-