

DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH  
FOOD AND DRUG UNIT  
628 N. 4<sup>th</sup> ST./P.O. BOX 4489  
BATON ROUGE, LA 70821-4489  
PHONE: (225) 342-7533 \* FAX: (225) 342-7672



NEW COMPANY INITIAL APPLICATION

Check the appropriate product type below:

- FOOD**  
(including  **DRUG**  **COSMETIC**  **PROPHYLACTIC**  **SEAFOOD**  **MILK/DAIRY beverage**)

Date		Registration No. (For Office Use Only)	
Company Contact Person	Taxpayer ID	Telephone No.	Fax No.
Name of Manufacturer, Distributor, Packer, Processor, or Importer ( <b>EXACTLY AS IT APPEARS ON THE LABEL</b> )			
Address	City	State	ZIP Code
If this is a private-label/copacked product, list the name of the actual manufacturer here			
Address	City	State	ZIP Code
Name of firm submitting application			
Address (Mailing)	City	State	ZIP Code
Signature of Executive Officer, Proprietor, Partner, or Agent for Service of Process		Title	

APPLICATION IS HEREBY MADE BY THE ABOVE-REFERENCED INDIVIDUALS/COMPANIES TO SELL OR OTHERWISE DISTRIBUTE PACKAGED FOOD, DRUGS, COSMETICS, OR PROPHYLACTIC DEVICES IN THE STATE OF LOUISIANA, IN ACCORDANCE WITH LSA R.S. 40: 627 *ET SEQ.* APPLICATION IS BEING MADE IN THE NAME OF THE RESPONSIBLE PARTY FOR THE AFOREMENTIONED PRODUCTS, WHOSE NAME AND ADDRESS APPEAR ON THE LABELS, AS REQUIRED BY STATE AND FEDERAL LAW. **YOU MUST NOTIFY THIS OFFICE IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR YOU INTEND TO CEASE DISTRIBUTION OF REGULATED PRODUCTS IN THIS STATE.**

**REGISTRATION FEE:** EFFECTIVE OCTOBER 20, 2014, THE FEE FOR PRODUCT REGISTRATION IS \$27 PER PRODUCT UP TO A MAXIMUM PER DBA OF \$270. MULTIPLY \$27 BY THE NUMBER OF PRODUCTS YOU INTEND TO REGISTER OR 10 IF THE NUMBER IS GREATER THAN 10, AND ENTER THAT NUMBER IN THE LINE TO THE RIGHT. NOTE THAT IF YOU ARE REGISTERING MORE THAN ONE DBA, YOU MUST USE MORE THAN ONE FD-9(N). **MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO DHH. NOTE THAT WE CANNOT ACCEPT ANY FORM OF ONLINE PAYMENT OR CREDIT/DEBIT CARD TRANSACTION AT THIS TIME.**

Total number of products to register:   
Fee attached \_\_\_\_\_

MY PRODUCTS WILL BE DISTRIBUTED THROUGH MEANS OF (**CHECK ONE**)

- SELF-DISTRIBUTION.  
 I HAVE ATTACHED A LIST OF IN-STATE DISTRIBUTORS WHO WILL BE HANDLING MY PRODUCTS.

**ENSURE THAT YOU HAVE ATTACHED A PRODUCT LIST AND ELECTRONIC OR PAPER COPIES OF LABELS OR LABEL PROOFS. INCOMPLETE REGISTRATION PACKETS WILL BE RETURNED WITHOUT PROCESSING.**

FOR OFFICE USE ONLY

REGISTRATION YEAR \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ PROCESSED BY \_\_\_\_\_  
SHEET NUMBER \_\_\_\_\_ CHECK DATE \_\_\_\_\_ CERTIFICATE TYPE \_\_\_\_\_  
SHEET DATE \_\_\_\_\_ REGISTRATION NUMBER \_\_\_\_\_