

# FDA | U.S. Food and Drug Administration Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date: 04/23/2018 15:21:35

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**

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 <b>Go-Fish</b>	Telephone Number <b>045 30 484960</b>
Facility Name Suffix <b>Manufacturing</b>	Fax Number
Facility Street Address, Line 1 <b>Kai Lindbergs gade 50-52</b>	E-Mail Address <b>go-fish@mail.com</b>
Facility Street Address, Line 2	
City <b>Hanstholm</b>	
State/Province/Territory <b>Region Nordjylland</b>	
Zip/Postal Code <b>7730</b>	
Country/Area <b>DENMARK</b>	

## 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 <b>Go-Fish Manufacturing</b>	Telephone Number <b>045 30 484960</b>
Address, Line 1 <b>Kai Lindbergs gade 50-52</b>	Fax Number
Address, Line 2	E-Mail Address <b>go-fish@mail.com</b>

City  
**Hanstholm**

State/Province/Territory  
**Region Nordjylland**

Zip Code (Postal Code)  
**7730**

Country/Area  
**DENMARK**

**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 <b>Go-Fish</b>	Telephone Number <b>045 30 484960</b>
Company Name Suffix <b>Manufacturing</b>	Fax Number
Address, Line 1 <b>Kai Lindbergs gade 50-52</b>	E-Mail Address <b>go-fish@mail.com</b>
Address, Line 2	
City <b>Hanstholm</b>	
State/Province/Territory <b>Region Nordjylland</b>	
Zip Code (Postal Code) <b>7730</b>	
Country/Area <b>DENMARK</b>	

**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 <b>001 757 3743266</b>
Individual's Name (Optional) <b>Carlos Garcia</b>	E-mail Address <b>carlos@gofish-danmark.com</b>
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)

Name <b>Carlos Garcia</b>	Telephone Number <b>571 2466525</b>
Address, Line 1 <b>P.O. Box 0290</b>	Emergency Contact Phone <b>757 3743266</b>
Address, Line 2	Fax Number
City <b>Haymarket</b>	E-Mail Address <b>carlos@gofish-danmark.com</b>
State/Province/Territory <b>Virginia</b>	
Zip Code (Postal Code) <b>20168</b>	
Country/Area <b>UNITED STATES</b>	

**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**

Selected Product Name	Selected Activity Types
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
b. Molluscan Shellfish	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; Interstate Conveyance Caterer / Catering Point; Contract Sterilizer; Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;

Selected Product Name	Selected Activity Types
e. Processed and Other Fishery Products	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; Interstate Conveyance Caterer / Catering Point; Contract Sterilizer; Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;

**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 : George Sobschak

Address, Line 1 <b>Kai Lindbergs gade 50-52</b>	Telephone Number <b>045 30 484960</b>
Address, Line 2	Fax Number
City <b>Hanstholm</b>	E-Mail Address <b>go-fish@mail.com</b>
State/Province/Territory <b>Region Nordjylland</b>	
Zip Code (Postal Code) <b>7730</b>	
Country/Area <b>DENMARK</b>	

**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:** Thomas Vinther

**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 <b>-N/A-</b>	Telephone Number <b>-N/A-</b>
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Address, Line 1 <b>-N/A-</b>	Fax Number <b>-N/A-</b>
Address, Line 2 <b>-N/A-</b>	E-Mail Address <b>-N/A-</b>
City <b>-N/A-</b>	
State/Province/Territory <b>-N/A-</b>	
Zip Code (Postal Code) <b>-N/A-</b>	
Country/Area <b>-N/A-</b>	