

# 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  
**01/12/2023 23:11:02**

Created by  
**nin85119**

Created Date  
**2023-01-12 22:19:56.0**

Registration Renewed Date

Registration Expiration Date  
**2024-12-31**

Last Updated  
**2023-01-12**

Registration Status  
**VALID**

Registration Status Reason  
**Initial registration**

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:* **15896233880** Pin No **dJ0e3B4h** [Modify Pin](#)

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

**Ningbo Traditional Chinese Pharmaceutical Corp.**

Telephone Number

**086 574 86111716**

Facility Name Suffix

**Corporation**

Fax Number

E-Mail Address

**sales002@ningboherb.com**

Facility Street Address, Line 1

**No.525 Yuanbaoshan Road Da Qi Street**

Unique Facility Identifier (UFI)

**544095059**

Facility Street Address, Line 2

**Beilun**

City

**Ningbo**

State/Province/Territory

**Zhejiang**

Zip/Postal Code

**315806**

Country/Area

**CHINA**

### 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
<b>Ningbo Traditional Chinese Pharmaceutical Corp.</b>	<b>086 574 86111716</b>
Address, Line 1	Fax Number
<b>No.525 Yuanbaoshan Road Da Qi Street</b>	
Address, Line 2	E-Mail Address
<b>Beilun</b>	<b>sales002@ningboherb.com</b>
City	
<b>Ningbo</b>	
State/Province/Territory	
<b>Zhejiang</b>	
Zip Code (Postal Code)	
<b>315806</b>	
Country/Area	
<b>CHINA</b>	

### 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
<b>Ningbo Traditional Chinese Pharmaceutical Corp.</b>	<b>086 574 86111716</b>
Company Name Suffix	Fax Number
<b>Corporation</b>	
Address, Line 1	E-Mail Address
<b>No.525 Yuanbaoshan Road Da Qi Street</b>	<b>sales002@ningboherb.com</b>
Address, Line 2	
<b>Beilun</b>	
City	
<b>Ningbo</b>	
State/Province/Territory	
<b>Zhejiang</b>	
Zip Code (Postal Code)	
<b>315806</b>	
Country/Area	
<b>CHINA</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)*

Individual's Name *(Optional)*

**Helen**

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

**Zhao**

Emergency Contact Phone

**001 626 3633319**

E-mail Address

**helen@ningboherb.com**

Job Title *(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

**Helen**

Telephone Number

**626 3633319**

Middle Name *(Optional)*

Last Name

**Zhao**

Emergency Contact Phone

**626 3633319**

Fax Number

Title *(Optional)*

E-Mail Address

**helen@ningboherb.com**

Address, Line 1

**16830 S Avalon Blvd**

Address, Line 2

City

**Carson**

State/Province/Territory

**California**

Zip Code (Postal Code)

**90746**

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

Selected Product Name	Selected Activity Types
10. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]	Manufacturer / Processor;
12. DIETARY SUPPLEMENT CATEGORIES	
d. Herbals and Botanicals	Manufacturer / Processor;
15. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]	Manufacturer / Processor;

## 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 - U.S. Agent Address Information**  
 **None of the above**

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : Ningbo Traditional Chinese Pharmaceutical Corp.

Address, Line 1

**No.525 Yuanbaoshan Road Da Qi Street**

Telephone Number

**086 574 86111716**

Address, Line 2

**Beilun**

Fax Number

E-Mail Address

**sales002@ningboherb.com**

City

**Ningbo**

State/Province/Territory

**Zhejiang**

Zip Code (Postal Code)

**315806**

Country/Area

**CHINA**

## 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:** Meson Liao

### 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-	