

TYPE OF REGISTRATION:       Initial Registration                       Renewal

NAME OF AUTHORIZED OFFICIAL:

STREET ADDRESS OF AUTHORIZED OFFICIAL:

ADDRESS LINE 2 (OPTIONAL):

CITY:       STATE:       ZIP CODE      -

PHONE NUMBER OF AUTHORIZED OFFICIAL:

E-MAIL ADDRESS OF AUTHORIZED OFFICIAL:

Business Name

All Trade Names  
(if applicable)

Business Address

City  State  Zip Code

Business Phone

Business E-mail

Official

On-site Official's Phone Number  
(if different than business phone)

On-site Official's E-mail  
(if different than business)

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(if different than business address)

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**CERTIFICATION STATEMENT:**

**This form may be submitted only by an authorized official of a restaurant or similar retail food establishment that is not part of a chain with 20 or more locations, doing business under the same name, regardless of the type of ownership of the locations, and offering for sale substantially the same menu items, or an authorized official of a vending machine operator that is not operated by a person who is engaged in the business of owning or operating 20 or more vending machines. The authorized official certifies that each registered restaurant or similar retail food establishment or each vending machine operator named herein elects to be subject to the provisions of section 4205 of the Patient Protection and Affordable Care Act and any implementing regulations. By submitting this form to FDA, the authorized official certifies that the above information is complete, true and accurate. 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.**

SIGNATURE:

PRINT NAME:

DATE

Check the box on the left if you are submitting this form electronically, to signify that your printed name will serve as your signature.

**INSTRUCTIONS**

You can download the form, fill it out, save it on your computer and e-mail it to:

[menulawregistration@fda.hhs.gov](mailto:menulawregistration@fda.hhs.gov)

You can mail a completed copy to: **FDA, CFSAN Menu and Vending Machine Registration, White Oak Building 22, Rm. 0209, 1903 New Hampshire Ave., Silver Spring, MD 20993.**

Or you can Fax a completed form to (301) 436-2804.

The time required to complete this collection of information is estimated to average 2 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

FDA PRA Staff  
Office of Operations  
Food and Drug Administration  
8455 Colesville Rd., COLE-14526  
Silver Spring, MD 20993-0002  
or email to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)

**Please do NOT send this form to this address**

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number.*