Form Approved: OMB Nos. 0910-0782 & 0910-0783; Expiration Date: 03/31/2018; See PRA Statement on the last page. DHHS/FDA MENU AND VENDING MACHINE LABELING VOLUNTARY REGISTRATION

TYPE OF REGISTRA	ATION:	○Initial Registration	n C Renewal	
NAME OF AUTHOR	RIZED OFF	ICIAL:		
STREET ADDRESS	S OF AUTH	ORIZED OFFICIAL:		
A	ADDRESS L	LINE 2 (OPTIONAL):		
CITY:		STATE:	ZIP CODE -	
PHONE NUMBER	OF AUTHO	RIZED OFFICIAL:		
E-MAIL ADDRESS (	OF AUTHOR	RIZED OFFICIAL:		
Business Name			Business Name	
All Trade Names (if applicable)			All Trade Names (If applicable)	
Business Address			Business Address	
City	State	Zip Code	City State Zip Code	
Business Phone			Business Phone	
Business E-mail			Business E-mail	
Official			Official	
On-site Official's Phone Numb (if different than business phone)			On-site Official's Phone Number (if different than business phone)	
On-site Official's E-mail (if different than business)			On-site Official's E-mail (if different than business)	
Mailing Address (if different than business address			Mailing Address (If different than business address)	
City	State	Zip Code	City State Zip Code	

Business Name					Business Name				
All Trade Names (if applicable)					All Trade Names (if applicable)				
Business Address					Business Address				
City		State	Zip Code		City		State	Zip Code	
Business Phone					Business Phone				
Business E-mail					Business E-mail				
Official					Official				
On-site Official's Ph (if different than busi					On-site Official's P (if different than bus				
On-site Official's E- (if different than busi					On-site Official's E (if different than bus				
Mailing Address (if different than busi	iness address)				Mailing Address (if different than bus	iness address)			
City		State [	Zip Code		City		State	Zip Code	
Business Name					Business Name				
Business Name All Trade Names (if applicable)					Business Name  All Trade Names (if applicable)				
All Trade Names					All Trade Names				
All Trade Names (if applicable)		State [	Zip Code		All Trade Names (if applicable)		State	Zip Code	
All Trade Names (if applicable) Business Address		State [	Zip Code		All Trade Names (if applicable) Business Address		State	Zip Code	
All Trade Names (if applicable) Business Address City		State [	Zip Code		All Trade Names (if applicable) Business Address City		State	Zip Code	
All Trade Names (if applicable)  Business Address  City  Business Phone		State [	Zip Code	-	All Trade Names (if applicable)  Business Address  City  Business Phone		State	Zip Code	
All Trade Names (if applicable)  Business Address  City  Business Phone  Business E-mail	none Number	State [	Zip Code	-	All Trade Names (if applicable)  Business Address  City  Business Phone  Business E-mail			Zip Code	
All Trade Names (if applicable)  Business Address  City  Business Phone  Business E-mail  Official  On-site Official's Ph	none Number (iness phone)	State [	Zip Code	-	All Trade Names (if applicable)  Business Address  City  Business Phone  Business E-mail  Official  On-site Official's P	iness phone) -mail		Zip Code	
All Trade Names (if applicable)  Business Address  City  Business Phone  Business E-mail  Official  On-site Official's Pl (if different than business E-mail)	none Number iness phone)  mail iness)	State [	Zip Code	-	All Trade Names (if applicable)  Business Address  City  Business Phone  Business E-mail  Official  On-site Official's P (if different than bus)  On-site Official's E	iness phone) -mail iness)		Zip Code	

Business Name	Business Name
All Trade Names (if applicable)	All Trade Names (if applicable)
Business Address	Business Address
City State Zip Code	City State Zip Code
Business Phone	Business Phone
Business E-mail	Business E-mail
Official	Official
On-site Official's Phone Number (if different than business phone)	On-site Official's Phone Number (if different than business phone)
On-site Official's E-mail (if different than business)	On-site Official's E-mail (if different than business)
Mailing Address (if different than business address)	Mailing Address (if different than business address)
City State Zip Code	City State Zip Code
Business Name	Business Name
Business Name  All Trade Names (if applicable)	All Trade Names (if applicable)
All Trade Names	All Trade Names
All Trade Names (if applicable)	All Trade Names (if applicable)
All Trade Names (if applicable)  Business Address	All Trade Names (if applicable)  Business Address
All Trade Names (if applicable)  Business Address  City  State  Zip Code	All Trade Names (if applicable)  Business Address  City  State  Zip Code
All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone	All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone
All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone  Business E-mail	All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone  Business E-mail
All Trade Names (if applicable)  Business Address  City  State  Zip Code  Business Phone  Business E-mail  Official  On-site Official's Phone Number	All Trade Names (if applicable)  Business Address  City  State  Zip Code  Business Phone  Business E-mail  Official  On-site Official's Phone Number
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	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

Business Name	Business Name
All Trade Names (if applicable)	All Trade Names (if applicable)
Business Address	Business Address
City State Zip Code	City State Zip Code
Business Phone	Business Phone
Business E-mail	Business E-mail
Official	Official
On-site Official's Phone Number (if different than business phone)	On-site Official's Phone Number (if different than business phone)
On-site Official's E-mail (if different than business)	On-site Official's E-mail (if different than business)
Mailing Address (if different than business address)	Mailing Address (if different than business address)
City State Zip Code	City State Zip Code
Business Name	Business Name
Business Name  All Trade Names (if applicable)	All Trade Names (if applicable)
All Trade Names	All Trade Names
All Trade Names (if applicable)	All Trade Names (if applicable)
All Trade Names (if applicable)  Business Address	All Trade Names (if applicable)  Business Address
All Trade Names (if applicable)  Business Address  City  State  Zip Code	All Trade Names (if applicable)  Business Address  City  State  Zip Code
All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone	All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone
All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone  Business E-mail	All Trade Names (if applicable)  Business Address  City State Zip Code  Business Phone  Business E-mail
All Trade Names (if applicable)  Business Address  City  State  Zip Code  Business Phone  Business E-mail  Official  On-site Official's Phone Number	All Trade Names (if applicable)  Business Address  City  State  Zip Code  Business Phone  Business E-mail  Official  On-site Official's Phone Number
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	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

Business Name	Business Name
All Trade Names (if applicable)	All Trade Names (if applicable)
Business Address	Business Address
City State Zip Code	City State Zip Code
Business Phone	Business Phone
Business E-mail	Business E-mail
Official	Official
On-site Official's Phone Number (if different than business phone)	On-site Official's Phone Number (if different than business phone)
On-site Official's E-mail (if different than business)	On-site Official's E-mail (if different than business)
Mailing Address (if different than business address)	Mailing Address (if different than business address)
City State Zip Code	City State Zip Code
Business Name	Business Name
All Trade Names (if applicable)	All Trade Names (if applicable)
Business Address	Business Address
City State Zip Code	City State Zip Code
Business Phone	Business Phone
Business E-mail	Business E-mail
Official	0.50
	Official
On-site Official's Phone Number (if different than business phone)	On-site Official's Phone Number (if different than business phone)
	On-site Official's Phone Number
(if different than business phone)  On-site Official's E-mail	On-site Official's Phone Number (if different than business phone)  On-site Official's E-mail

	State		Zip Code		
					_
none Number ness phone)					
mail ness)					
ness address)					
	State		Zip Code		
57 (7/10)				Pa	ne
	ness phone) mail ness) ness address)	none Number ness phone) mail ness) State	none Number ness phone) mail ness) State	none Number ness phone) mail ness)  State Zip Code	none Number ness phone) mail ness address)  State Zip Code

### **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:	on the left if you are submitting this form electronically, to signify that your	DATE	
printed name w	on the left if you are submitting this form electronically, to signify that your ll serve as your signature.		

### INSTRUCTIONS

You can download the form, fill it out, save it on your computer and e-mail it to: <u>menulawregistration@fda.hhs.gov</u>

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 PRAStaff@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.