



Date:11/05/2020 3:12:57

Please review the registration.

Created Date

2018-09-25 06:54:09.0

Created by

ews6211

Registration Expiration Date

2022-12-31

Registration Renewed Date

2020-10-27

Last Modified by

FMLS

Last Updated

2020-10-27

Last Modified by Company

CHATEAU LA CASTILLE

Registration Status

VALID

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**

Initial Registration **13866632412** Pin No **h82Jj4Bc**

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

CHATEAU LA CASTILLE

Telephone Number

033 9 80802020

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

DOMAINE DE LA CASTILLE

E-Mail Address

info@vignoblexport.fr

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

294524868

City

SOLLIES VILLE

State/Province/Territory

Var

Zip Code (Postal Code)

83210



Country/Area

**FRANCE**

### 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

**CHATEAU LA CASTILLE**

Telephone Number

**033 9 80802020**

Address, Line 1

**DOMAINE DE LA CASTILLE**

Fax Number

Address, Line 2

E-Mail Address

**info@vignoblexport.fr**

City

**SOLLIES VILLE**

State/Province/Territory

**Var**

Zip Code (Postal Code)

**83210**

Country/Area

**FRANCE**

### 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

**CHATEAU LA CASTILLE**

Telephone Number

**033 9 80802020**

Company Name Suffix

**Company**

Fax Number

Address, Line 1

**DOMAINE DE LA CASTILLE**

E-Mail Address

**info@vignoblexport.fr**

Address, Line 2

City

**SOLLIES VILLE**

State/Province/Territory

**Var**

Zip Code (Postal Code)

**83210**

Country/Area

**FRANCE**



**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>033 9 80802020</b>
Individual's Name (Optional)	E-Mail Address
	<b>info@vignoblexport.fr</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	Telephone Number
<b>EWS IMPORTS</b>	<b>786 3528124 null</b>
Address, Line 1	Emergency Contact Phone
<b>2645 EXECUTIVE PARK DR</b>	<b>786 3528124</b>
Address, Line 2	City
<b>SUITE 121</b>	<b>Weston</b>
E-Mail Address	State/Province/Territory
<b>info@ews-imports.com</b>	<b>Florida</b>
	Zip Code (Postal Code)
	<b>33331</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
<b>September</b>	<b>October</b>
Harvest 2	
Start Month	End Month



**Section 9: General Product Categories - Human/Animal/Both**

<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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**Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility**

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	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 Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
1. ALCOHOLIC BEVERAGES <sup>[21 CFR 170.3 (n) (2)]</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: CHATEAU LA CASTILLE

Address, Line 1 <b>DOMAINE DE LA CASTILLE</b>	Telephone Number <b>033 9 80802020</b>
Address, Line 2	Fax Number
City <b>SOLLIES VILLE</b>	E-Mail Address <b>info@vignoblexport.fr</b>
State/Province/Territory <b>Var</b>	
Zip Code (Postal Code) <b>83210</b>	
Country/Area <b>FRANCE</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:** EWS IMPORTS - ERWAN

### 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:

Same as Section 10

Individual's Name

**CHATEAU LA CASTILLE**

Address, Line 1

**DOMAINE DE LA CASTILLE**

Address, Line 2

City

**SOLLIES VILLE**

State/Province/Territory

**Var**

Zip Code (Postal Code)

**83210**

Country/Area

**FRANCE**

Telephone Number

**033 9 80802020**

Fax Number

E-Mail Address

**info@vignoblexport.fr**