

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 08/10/2017 20:53:01

Created Date  
2017-08-10 20:51:21.0

Registration Expiration Date  
2018-12-31

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: 10891094772*

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

**CANTINA DI CONEGLIANO E VITTORIO VENETO SAC**

Telephone Number

**039 0438 500209**

Facility Name Suffix

**Company**

Fax Number

**039 0438 501779**

Facility Street Address, Line 1

**VIA DEL CAMPARDO 3**

E-Mail Address

**paragon\_tax@hotmail.com**

Facility Street Address, Line 2

City

**VITTORIO VENETO**

State/Province/Territory

**Treviso**

Zip/Postal Code

**31029**

Country/Area

**ITALY**

### 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

**CANTINA DI CONEGLIANO E VITTORIO VENETO SAC**

Telephone Number

**039 0438 500209**

Address, Line 1

**VIA DEL CAMPARDO 3**

Fax Number

**039 0438 501779**

Address, Line 2

City

**VITTORIO VENETO**

State/Province/Territory

**Treviso**

Zip Code (Postal Code)

**31029**

Country/Area

**ITALY**

E-Mail Address

**paragon\_tax@hotmail.com**

#### 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

**CANTINA DI CONEGLIANO E VITTORIO VENETO SAC**

Telephone Number

**039 0438 500209**

Company Name Suffix

**Company**

Fax Number

**039 0438 501779**

Address, Line 1

**VIA DEL CAMPARDO 3**

E-Mail Address

**paragon\_tax@hotmail.com**

Address, Line 2

City

**VITTORIO VENETO**

State/Province/Territory

**Treviso**

Zip Code (Postal Code)

**31029**

Country/Area

**ITALY**

#### 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

**001 718 7070606**

Individual's Name *(Optional)*

**PARAGONTAX**

E-mail Address

**paragontax@hotmail.com**

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

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

Alternate Trade Name #1: **LA MARCA**

#### 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

**PARAGONTAX**

Telephone Number

**718 7070606**

Address, Line 1

**4612 Queens Blvd Ste 205**

Emergency Contact Phone

**718 7070606**

Address, Line 2

Fax Number

**718 7070166**

City

**Long Island City**

E-Mail Address

**paragontax@hotmail.com**

State/Province/Territory

**New York**

Zip Code (Postal Code)

**11104-1740**

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

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 Processor	Low-Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	F: Mi T: Fa
1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	<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 checked="" 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: PARAGONTAX

Address, Line 1

**4612 Queens Blvd Ste 205**

Telephone Number

**001 718 7070606**

Address, Line 2

Fax Number

**001 718 7070166**

City

**Long Island City**

E-Mail Address

**paragontax@hotmail.com**

State/Province/Territory

**New York**

Zip Code (Postal Code)

**11104**

Country/Area

**UNITED STATES**

#### 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.