

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

04/06/2023 4:22:42

Created by

fre15102

Created Date

2023-04-05 04:03:26.0

Registration Renewed Date

Registration Expiration Date

2024-12-31

Last Updated

2023-04-06

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

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

☐ Yes ☒ No

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: Registration Number: **16984588068** Pin No **ia35ce98** [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

FRESHTAP LTD.,

Telephone Number

082 10 9277 5979

Facility Name Suffix

Company

Fax Number

E-Mail Address

9125979@freshtap.co.kr

Facility Street Address, Line 1

373, Yeongok-gil, Ipjang-myeon, Seobuk-gu

Unique Facility Identifier (UFI)

695503377

Facility Street Address, Line 2

City

Cheonan

State/Province/Territory

Chungnam

Zip/Postal Code

31026

Country/Area
KOREA, SOUTH

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
FRESHTAP LTD.,

Telephone Number
082 10 9277 5979

Address, Line 1
373, Yeongok-gil, Ipjang-myeon, Seobuk-gu

Fax Number

Address, Line 2

E-Mail Address
9125979@freshtap.co.kr

City
Cheonan

State/Province/Territory
Chungnam

Zip Code (Postal Code)
31026

Country/Area
KOREA, SOUTH

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
FRESHTAP LTD.,

Telephone Number
082 10 9277 5979

Company Name Suffix
Company

Fax Number

Address, Line 1
373, Yeongok-gil, Ipjang-myeon, Seobuk-gu

E-Mail Address
9125979@freshtap.co.kr

Address, Line 2

City
Cheonan

State/Province/Territory
Chungnam

Zip Code (Postal Code)
31026

Country/Area
KOREA, SOUTH

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)*

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone

082 10 9277

E-mail Address

9125979@freshtap.co.kr

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)

U.S. Agent ID

USID4107994

Telephone Number

310 9001777

Name

UNITED CARGO TRANS

Emergency Contact Phone

310 9001777

Address, Line 1

1109 E Janis St

Fax Number

562 2951051

Address, Line 2

E-Mail Address

kevinlee@unitedcargotrans.com

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
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Manufacturer / Processor; Packer / Repacker;
If the food categories listed above do not apply, then print the applicable food category or categories.	
pet food	

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 : SEUNG MAN BAEK

Address, Line 1
373, Yeongok-gil, Ipjang-myeon, Seobuk-gu

Telephone Number
082 10 9277 5979

Address, Line 2

Fax Number

City
Cheonan

E-Mail Address
9125979@freshtap.co.kr

State/Province/Territory
Chungnam

Zip Code (Postal Code)
31026

Country/Area
KOREA, SOUTH

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: AMY

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	