



Date:02/17/2021 1:09:50

Created Date

2021-02-13 23:35:45.0

Registration Expiration Date

2022-12-31

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: **17174620248**

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

**TANISI INCORPORATION**

Telephone Number

**091 942 8212681**

Facility Name Suffix

**Other**

Fax Number

Facility Name Suffix Other

**Proprietor**

Facility Street Address, Line 1

**305, THE SPIRE, AYODHYA CHOWK**

E-Mail Address

**tanisiincorporation@gmail.com**

Facility Street Address, Line 2

**150 FEET RING ROAD**

Unique Facility Identifier (UFI)

City

**RAJKOT**

State/Province/Territory

**Gujart**

Zip Code (Postal Code)

**360007**

Country/Area

**INDIA**

### 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	Telephone Number
<b>TANISI INCORPORATION</b>	<b>091 942 8212681</b>
Address, Line 1	Fax Number
<b>305, THE SPIRE, AYODHYA CHOWK</b>	
Address, Line 2	E-Mail Address
<b>150 FEET RING ROAD</b>	<b>tansiincorporation@gmail.com</b>
City	
<b>RAJKOT</b>	
State/Province/Territory	
<b>Gujart</b>	
Zip Code (Postal Code)	
<b>360007</b>	
Country/Area	
<b>INDIA</b>	

#### 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	Telephone Number
<b>TANISI INCORPORATION</b>	<b>091 942 8212681</b>
Company Name Suffix	Fax Number
<b>Other</b>	
Company Name Suffix Other	
<b>Proprietor</b>	
Address, Line 1	E-Mail Address
<b>305, THE SPIRE, AYODHYA CHOWK</b>	<b>tansiincorporation@gmail.com</b>
Address, Line 2	
<b>150 FEET RING ROAD</b>	
City	
<b>RAJKOT</b>	
State/Province/Territory	
<b>Gujart</b>	
Zip Code (Postal Code)	
<b>360007</b>	
Country/Area	
<b>INDIA</b>	

#### 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>091 942 8212681</b>
Individual's Name (Optional)	E-Mail Address <b>tanisiincorporation@gmail.com</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)

First Name <b>Khodabhai</b>	Telephone Number <b>773 5400424 null</b>
Middle Name (Optional) <b>J</b>	Emergency Contact Phone <b>773 5400424</b>
Last Name <b>Patel</b>	Fax Number
Title (Optional) <b>Mr.</b>	E-Mail Address <b>tmc.bhavesh@gmail.com</b>
Address, Line 1 <b>10420 Maya Linda Apt Rd</b>	
Address, Line 2 <b>D307</b>	
City <b>San Diego</b>	
State/Province/Territory <b>California</b>	
Zip Code (Postal Code) <b>92126</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

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 Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS <sup>(1), (9)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS <sup>(4)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
9. COFFEE AND TEA <sup>(3), (7)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
13. DRESSING AND CONDIMENTS <sup>(8), (12)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES <sup>(26), (32)</sup>													
a. Nut and Nut Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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)
b. Edible Seed and Edible Seed Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) <sup>(21 CFR 170.3 (n) (37))</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
30. SPICES, FLAVORS, AND SALTS <sup>(21 CFR 170.3 (n) (26))</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
34. VEGETABLE OILS (INCLUDES OLIVE OIL) <sup>(21 CFR 170.3 (n) (12))</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH <sup>(21 CFR 170.3 (n) (1), (23))</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Other Activity Conducted**

Merchant Trading and Contract manufacturing

**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: **Tanisi Incorporation**

Address, Line 1

**305, THE SPIRE, AYODHYA CHOWK**

Telephone Number

**091 942 8212681**

Address, Line 2

**150 FEET RING ROAD**

Fax Number

City

**RAJKOT**

E-Mail Address

**tanisiincorporation@gmail.com**

State/Province/Territory

**Gujart**

Zip Code (Postal Code)

**360007**

Country/Area

**INDIA**

### 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.