



Date:10/02/2020 14:19:48

Created Date

2015-02-03 19:16:55.0

Registration Expiration Date

2022-12-31

Last Updated

2020-10-02

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

Created by

vis88538

Registration Renewed Date

2020-10-02

Registration Status Reason

Biennial Registration Renewal - 2018

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13086398170** Pin No **425J6hG9**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name: **Vista International Packaging, LLC**

Previous Owner's Registration Number: **19376353152**

Section 2: Facility Name/Address Information

Facility Name

ViskoTeepak, LLC

Facility Name Suffix

Limited Liability Corporation

Facility Street Address, Line 1

1126 88th Pl

Facility Street Address, Line 2

City

Kenosha

State/Province/Territory

Wisconsin

Zip Code (Postal Code)

53143

Country/Area

UNITED STATES

Telephone Number

001 262 6976565

Fax Number

001 262 6944824

E-Mail Address

garrett.okuda@viskoteepak.com

Unique Facility Identifier (UFI)

024816850



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
ViskoTeepak, LLC	001 262 6976565
Address, Line 1	Fax Number
1126 88th Pl	001 262 6944824
Address, Line 2	E-Mail Address
	garrett.okuda@viskoteepak.com
City	
Kenosha	
State/Province/Territory	
Wisconsin	
Zip Code (Postal Code)	
53143	
Country/Area	
UNITED STATES	

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
ViskoTeepak	358 18 526708
Company Name Suffix	Fax Number
Company	
Address, Line 1	E-Mail Address
Torggatan 13 A	
Address, Line 2	
City	
MARIEHAMN	
State/Province/Territory	
None of the above	
Zip Code (Postal Code)	
FI-22100	
Country/Area	
FINLAND	

Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- None of the above

Individual's Title (Optional)

Mr

Individual's Name (Optional)

Steven

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Van Zeeland

Emergency Contact Phone

001 262 8181843

E-Mail Address

steve.vanzeeland@viskoteepak.com

Job Title (Optional)

Plant Manager

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: **Vista International Packaging, LLC**

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

-N/A-

Emergency Contact Phone

-N/A-

Middle Name (Optional)

-N/A-

Fax Number

-N/A-

Last Name (Optional)

-N/A-

E-Mail Address

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-



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 / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
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)	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

edible and non edible sausage casings

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: Garrett Okuda

Address, Line 1

1126 88th Pl

Address, Line 2

City

Kenosha

State/Province/Territory

Wisconsin

Zip Code (Postal Code)

53143

Country/Area

UNITED STATES

Telephone Number

001 262 6976565

Fax Number

001 262 6944824

E-Mail Address

garrett.okuda@viskoteepak.com

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 RENEWAL: Garrett Okuda

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

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-



State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-