



Date:12/20/2022 18:12:40

Created Date

2014-12-17 14:18:17.0

Created by

asl96111

Registration Expiration Date

2024-12-31

Registration Renewed Date

2022-12-20

Last Updated

2022-12-20

Registration Status Reason

Biennial Registration Renewal - 2020

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: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **19651039826** Pin No **xJg3gD9x**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title: **Mr**

Previous Owner's Name: **Karl Turner**

Previous Owner's Registration Number: **17925207886**

Section 2: Facility Name/Address Information

Facility Name

A LA CARTE SPECIALTY FOODS

Telephone Number

001 504 4368911

Facility Name Suffix

Limited Liability Corporation

Fax Number

001 504 4361585

Facility Street Address, Line 1

501 Louisiana St

E-Mail Address

karl@alcfood.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Westwego

State/Province/Territory

Louisiana

Zip Code (Postal Code)

70094

Country/Area

UNITED STATES

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
A LA CARTE SPECIALTY FOODS	001 504 4368911
Address, Line 1	Fax Number
501 Louisiana St	001 504 4361585
Address, Line 2	E-Mail Address
	karl@alcfood.com
City	
Westwego	
State/Province/Territory	
Louisiana	
Zip Code (Postal Code)	
70094	
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
A LA CARTE SPECIALTY FOODS	001 504 4368911
Company Name Suffix	Fax Number
Limited Liability Corporation	001 504 4361585
Address, Line 1	E-Mail Address
501 Louisiana St	karl@alcfood.com
Address, Line 2	
City	
Westwego	
State/Province/Territory	
Louisiana	
Zip Code (Postal Code)	
70094	
Country/Area	
UNITED STATES	

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

Emergency Contact Phone

001 504 4368911

Individual's Name (Optional)

Karl

E-Mail Address

karl@alcfood.com

Individual's Middle Name (Optional)

D

Job Title (Optional)

PRESIDENT

Individual's Last Name (Optional)

TURNER

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

-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)
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14. FISHERY / SEAFOOD PRODUCT CATEGORIES⁽²¹⁾ CFR 170.3 (n) (13), (15), (39), (40)

e. Processed and Other Fishery Products	<input type="checkbox"/>	<input 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"/>
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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: Karl Turner

Address, Line 1
501 Louisiana St

Telephone Number
001 504 4368911

Address, Line 2

Fax Number
001 504 4361585

City
Westwego

E-Mail Address
karl@alcfood.com



State/Province/Territory

Louisiana

Zip Code (Postal Code)

70094

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.

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: KARL TURNER

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-	