Date:07/19/2025 2:45:42

Created Date

2025-07-19 02:43:23.0

Registration Expiration Date

2026-12-31

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

◉ Yes ○ No

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: **17399554394**

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

DRY SPICES

Telephone Number

091 0 9825398704

Facility Name Suffix

Manufacturing

Fax Number

Facility Street Address, Line 1

SURVEY NO. 149 PAIKEE 1/3 VILLAGE-BHANVAD

E-Mail Address

dryspices@gmail.com

Facility Street Address, Line 2

MAHUVA-BHANVAD ROAD TA-MAHUVA

Unique Facility Identifier (UFI)

City

Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

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

DRY SPICES

Telephone Number

091 0 9825398704

Address, Line 1

SURVEY NO. 149 PAIKEE 1/3 VILLAGE-BHANVAD

Fax Number

Address, Line 2

MAHUVA-BHANVAD ROAD TA-MAHUVA

E-Mail Address

dryspices@gmail.com

City

Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

Country/Area

INDIA

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

DRY SPICES

Telephone Number

091 0 9825398704

Company Name Suffix

Manufacturing

Fax Number

Address, Line 1

SURVEY NO. 149 PAIKEE 1/3 VILLAGE-BHANVAD

E-Mail Address

dryspices@gmail.com

Address, Line 2

MAHUVA-BHANVAD ROAD TA-MAHUVA

City

Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

Country/Area

INDIA

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)

FDA U.S. FOOD & DRUG ADMINISTRATION

○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

091 0 9825398704

E-Mail Address

dryspices@gmail.com

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)

First Name

Ankit

Middle Name (Optional)

Last Name

Patel

Title (Optional)

Mr.

Address, Line 1

8330 260th ST

Address, Line 2

City

Floral Park

State/Province/Territory

New York

Zip Code (Postal Code)

11004

Country/Area

UNITED STATES

Telephone Number

516 2252425 null

Emergency Contact Phone

516 2252425

Fax Number

E-Mail Address

ankitpatelny292@gmail.com

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

February

End Month

July

Harvest 2	
Start Month	End Month
October	**March**

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)**	**Farm Mixed-Type Facility**	**Other Activity Conducted (Please Specify)**
17.FRUIT AND FRUIT PRODUCTS[21 CFR 170.3 (n) (16), (27), (28), (35), (43)]													
a.Fresh Cut Produce	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
30.SPICES, FLAVORS, AND SALTS[21 CFR 170.3 (n) (26)]	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
33.VEGETABLE AND VEGETABLE PRODUCT CATEGORIES[21 CFR 170.3 (n) (19), (36)]													
c.Other Vegetable and Vegetable Products	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
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)	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐

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

Dehydrated Onion & Garlic Varieties

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: DEEPAKKUMAR BHOOT

Address, Line 1
SURVEY NO. 149 PAIKEE 1/3 VILLAGE-BHANVAD

Address, Line 2
MAHUVA-BHANVAD ROAD TA-MAHUVA

City
Bhavnagar

State/Province/Territory
Gujarat

Zip Code (Postal Code)
364290

Country/Area
INDIA

Telephone Number
091 0 9825398704

Fax Number

E-Mail Address
dryspices@gmail.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.