

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 01/03/2019 9:14:46

Please review the registration.

Created Date
2017-04-06 10:41:57.0

Created by
mas12585

Registration Expiration Date
2020-12-31

Registration Renewed Date
2018-11-06

Last Updated
2018-11-06

Last Modified by
mas12585

Last Modified by Company
Mastix LLC

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**

Initial Registration **10667163550** Pin No **JJDAdg9D**

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
Mastix LLC

Telephone Number
001 410 3161080 100

Facility Name Suffix
Limited Liability Corporation

Fax Number

Facility Street Address, Line 1
10711 Gilroy Rd

E-Mail Address
restey@mastixllc.com

Facility Street Address, Line 2

City
Hunt Valley

State/Province/Territory
Maryland

Zip/Postal Code
21031-1337

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

Mastix LLC

Address, Line 1

10711 Gilroy Rd

Address, Line 2

City

Hunt Valley

State/Province/Territory

Maryland

Zip Code (Postal Code)

21031

Country/Area

UNITED STATES

Telephone Number

001 410 3161080 100

Fax Number

E-Mail Address

restey@mastixllc.com

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

Mastix LLC

Company Name Suffix

Limited Liability Corporation

Address, Line 1

10711 Gilroy Rd

Address, Line 2

City

Hunt Valley

State/Province/Territory

Maryland

Zip Code (Postal Code)

21031

Country/Area

UNITED STATES

Telephone Number

001 410 3161080 100

Fax Number

E-Mail Address

restey@mastixllc.com

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)*

Individual's Name *(Optional)*

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone

001 410 3161080

E-mail Address

restey@mastixllc.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 **-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 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)

5. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]

12. DIETARY SUPPLEMENT CATEGORIES

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)
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d. Herbals and Botanicals

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: Robert Estey

Address, Line 1 10711 Gilroy Rd	Telephone Number 001 410 3161080 100
Address, Line 2	Fax Number
City Hunt Valley	E-Mail Address restey@mastixllc.com
State/Province/Territory Maryland	
Zip Code (Postal Code) 21031	
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 FORM: Robert Estey

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	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-