



Rev. (11/2008)

NEW COMPANY INITIAL APPLICATION

Date		Registration No. (For Office Use Only)	
Company Contact Person	Taxpayer ID	Telephone No.	Fax No.
Name of Manufacturer, Distributor, Packer, Processor, or Importer (exactly as it appears on the label)			
Address	City	State	ZIP Code
If this is a private-label/copacked product, list the name of the actual manufacturer here			
Address	City	State	ZIP Code
Name of firm submitting application			
Address (Mailing)	City	State	ZIP Code
Signature of Executive Officer, Proprietor, Partner, or Agent for Service of Process		Title	

APPLICATION IS HEREBY MADE BY THE ABOVE-REFERENCED INDIVIDUALS/COMPANIES TO SELL OR OTHERWISE DISTRIBUTE PACKAGED FOOD, DRUG, COSMETIC, OR PROPHYLACTIC DEVICES IN THE STATE OF LOUISIANA, IN ACCORDANCE WITH LSA R.S. 40: 627 *ET SEQ.* APPLICATION IS BEING MADE IN THE NAME OF THE RESPONSIBLE PARTY FOR THE AFOREMENTIONED PRODUCTS, WHOSE NAME AND ADDRESS APPEAR ON THE LABELS, AS REQUIRED BY STATE AND FEDERAL LAW. BY SIGNING IN THE SPACE PROVIDED, I ACKNOWLEDGE THAT I HAVE ATTACHED A CATALOG LISTING OF ALL PRODUCTS I INTEND TO DISTRIBUTE IN LOUISIANA ALONG WITH PROOFS OR SPECIMEN LABELS FOR ALL SUCH PRODUCTS IN PAPER OR ELECTRONIC FORM, AS REQUIRED BY LOUISIANA LAW.

REGISTRATION FEE: THE FEE FOR OUT-OF-STATE SOFT DRINK REGISTRATION IS \$25 PER PRODUCT PER YEAR. MULTIPLY \$25 BY THE NUMBER OF PRODUCTS YOU INTEND TO REGISTER AND ENTER THAT NUMBER IN THE LINE TO THE RIGHT. NOTE THAT IF YOU ARE REGISTERING MORE THAN ONE DBA, YOU MUST USE MORE THAN ONE FD-35(N).
MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO DHH.

Total number of products to register:

Fee attached _____

List below the names and addresses of three brokers, warehousemen, or distributors who will be handling your products in the state. If you do not currently have any distributors, indicate "SELF-DISTRIBUTION" in the first space below.

- | | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FOR OFFICE USE ONLY

REGISTRATION YEAR _____	CHECK NUMBER _____	PROCESSED BY _____
SHEET NUMBER _____	CHECK DATE _____	CERTIFICATE TYPE _____
SHEET DATE _____	REGISTRATION NUMBER _____	