



Date:10/16/2024 12:48:01

Created Date  
**2013-05-13 14:05:49.0**

Registration Expiration Date  
**2026-12-31**

Last Updated  
**2024-10-16**

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

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?  
 Yes  No

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **16044103968** Pin No **ii7b26B5**

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: **18938318898**

### Section 2: Facility Name/Address Information

Facility Name

**Alpine Food Distributing, INC**

Facility Name Suffix

**Company**

Facility Street Address, Line 1

**2400 Se Mailwell Dr**

Facility Street Address, Line 2

City

**Milwaukie**

State/Province/Territory

**Oregon**

Zip Code (Postal Code)

**97222**

Country/Area

**UNITED STATES**

Created by

**alp64929**

Registration Renewed Date

**2024-10-16**

Registration Status Reason

**Biennial Registration Renewal - 2022**

Telephone Number

**001 503 2302883**

Fax Number

**001 503 2302883**

E-Mail Address

**shood@alpinefoods.com**

Unique Facility Identifier (UFI)



### 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
<b>Alpine Food Distributing, INC</b>	<b>001 503 2302883</b>
Address, Line 1	Fax Number
<b>2400 Se Mailwell Dr</b>	<b>001 503 2302883</b>
Address, Line 2	E-Mail Address
	<b>shood@alpinefoods.com</b>
City	
<b>Milwaukie</b>	
State/Province/Territory	
<b>Oregon</b>	
Zip Code (Postal Code)	
<b>97222</b>	
Country/Area	
<b>UNITED STATES</b>	

### 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
<b>Alpine Food Distributing, INC</b>	<b>001 503 2302883</b>
Company Name Suffix	Fax Number
<b>Company</b>	<b>001 503 2302883</b>
Address, Line 1	E-Mail Address
<b>2400 Se Mailwell Dr</b>	<b>shood@alpinefoods.com</b>
Address, Line 2	
City	
<b>Milwaukie</b>	
State/Province/Territory	
<b>Oregon</b>	
Zip Code (Postal Code)	
<b>97222</b>	
Country/Area	
<b>UNITED STATES</b>	

### 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)

**Shawn**

Individual's Middle Name (Optional)

**Vine**

Individual's Last Name (Optional)

**Hood**

Emergency Contact Phone

**001 503 8493685**

E-Mail Address

**shood@alpinefoods.com**

Job Title (Optional)

**General 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

**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-**

Middle Name (Optional)

**-N/A-**

Last Name (Optional)

**-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-**

Emergency Contact Phone

**-N/A-**

Fax Number

**-N/A-**

E-Mail Address

**-N/A-**









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)
25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES <sup>[21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]</sup>	<input checked="" type="checkbox"/>	<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"/>
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES <sup>[21 CFR 170.3 (n) (26), (32)]</sup>													
b. Edible Seed and Edible Seed Products	<input checked="" type="checkbox"/>	<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"/>
28. SHELL EGG AND EGG PRODUCT CATEGORIES <sup>[21 CFR 170.3 (n) (11), (14)]</sup>													
a. Chicken Egg and Egg Products	<input checked="" type="checkbox"/>	<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"/>
b. Other Eggs and Egg Products	<input checked="" type="checkbox"/>	<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"/>
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) <sup>[21 CFR 170.3 (n) (37)]</sup>	<input checked="" type="checkbox"/>	<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"/>
30. SPICES, FLAVORS, AND SALTS <sup>[21 CFR 170.3 (n) (26)]</sup>	<input checked="" type="checkbox"/>	<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"/>
31. SOUPS <sup>[21 CFR 170.3 (n) (39), (40)]</sup>	<input checked="" type="checkbox"/>	<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"/>
32. SOFT DRINKS AND WATERS <sup>[21 CFR 170.3 (n) (3), (35)]</sup>	<input checked="" type="checkbox"/>	<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"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES <sup>[21 CFR 170.3 (n) (19), (36)]</sup>													



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)
c. Other Vegetable and Vegetable Products	<input checked="" type="checkbox"/>	<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"/>
34. VEGETABLE OILS (INCLUDES OLIVE OIL) <sup>(21 CFR 170.3 (n) (12))</sup>	<input checked="" type="checkbox"/>	<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"/>
35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) <sup>(21 CFR 170.3 (n) (33))</sup>	<input checked="" type="checkbox"/>	<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"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH <sup>(21 CFR 170.3 (n) (1), (23))</sup>	<input checked="" type="checkbox"/>	<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"/>

**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: Shawn Hood

Address, Line 1

2400 Se Mailwell Dr

Telephone Number

001 503 2302883





Address, Line 2

Fax Number

**001 503 2302883**

City

E-Mail Address

**Milwaukie**

**shood@alpinefoods.com**

State/Province/Territory

**Oregon**

Zip Code (Postal Code)

**97222**

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:** Micah Westlund

**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-**

