

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

Created Date	Created by
2013-05-13 14:05:49.0	alp64929
Registration Expiration Date	Registration Renewed Date
2026-12-31	2024-10-16

Last Updated Registration Status Reason

2024-10-16 Biennial Registration Renewal - 2022

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?

OYes

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Oyes ONO

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?

Oyes O_{No}

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number: 18938318898

Section 2: Facility Name/Address Information

Facility Name Telephone Number

Alpine Food Distributing, INC 001 503 2302883

Facility Name Suffix Fax Number

Company 001 503 2302883

Facility Street Address, Line 1 E-Mail Address

2400 Se Mailwell Dr shood@alpinefoods.com

Facility Street Address, Line 2 Unique Facility Identifier (UFI)

City

Milwaukie

State/Province/Territory

Oregon

Zip Code (Postal Code)

97222

Country/Area

UNITED STATES



Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Faci	lity Name/Address Information (OPTIONAL)	
Is the preferred mailing address the same as the fac	ility address (Section 2)? Yes	
Name	Telephone Number	

Alpine Food Distributing, INC 001 503 2302883

Address, Line 1 Fax Number

2400 Se Mailwell Dr 001 503 2302883

Address, Line 2 E-Mail Address

shood@alpinefoods.com

City

Milwaukie

State/Province/Territory

Oregon

Zip Code (Postal Code)

97222

Country/Area

UNITED STATES

Section 4: Parent Company Name/Address Information

(If applicable and if different from	Sections 2 and 2) I	If information is the same as	another coction	chack which caction:
tii applicable aliu li ullielelit ilolli	Sections 2 and 51. I	II IIIIUIIIIaliuii is liie saille as	andinei section.	CHECK WHICH SECTION.

OSame as Facility Address (Section 2)

● Same as Preferred Mailing Address (Section 3)

ONone of the above

Company Name Telephone Number

Alpine Food Distributing, INC 001 503 2302883

Company Name Suffix Fax Number

Company 001 503 2302883

Address, Line 1 E-Mail Address

2400 Se Mailwell Dr shood@alpinefoods.com

Address, Line 2

City

Milwaukie

State/Province/Territory

Oregon

Zip Code (Postal Code)

97222

Country/Area

UNITED STATES



Country/Area

-N/A-

		•
If information is the same as another section, check which s	section:	
OSame as Facility Address (Section 2)		
None of the above		
Individual's Title (Optional)	Emergency Contact Phone	
Mr	001 503 8493685	
ndividual's Name (Optional)	E-Mail Address	
Shawn	shood@alpinefoods.com	
ndividual's Middle Name (Optional)	Job Title (Optional)	
/ine	General Manager	
ndividual's Last Name (Optional)		
Hood		
Section 6: Trade Names		
OYes ⊙ _{No} Section 7: United States Agent		
	erritory of the United States, District of Columbia, or The Commonwealth of Puerto R	lico)
First Name	Emergency Contact Phone	
N/A-	-N/A-	
Middle Name (Optional)	Fax Number	
N/A-	-N/A-	
.ast Name (Optional)	E-Mail Address	
N/A-	-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-		



Section 8: Se	easonal Facili	ty Dates of O	peration (Op	tional)									
Give the approxi	mate dates that y	our facility is oper	n for business, if it	s operati	ons are	on a seas	sonal bas	sis (Optio	nal).				
Harvest 1													
Start Month					End Month								
January					Decem	ber							
Harvest 2													
Start Month					End Mo	nth							
January		(· · · · ·			Decem		.0			,0			6 ,0
Section 9: Ge	eneral Produc	ct Categories	- Human/Ani	mal/Bo	th								
☑Food for Hum	an Consumption	^	0		ПЕООС	for Anin	nal Consi	ımntion					
		ıct Categorie	s - Food for H	luman					f Activ	itv Coı	nducte	d at th	е
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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS[21 CFR 170.3 (n) (1), (9)]	Ø	Ø	Ø										
4.BEVERAGE BASES[21 CFR 170.3 (n) (3), (35)]	\square		\square										
6.CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS _{[21} CFR 170.3	Ø	Ø	Ø										
7.CHEESE AND CHE	ESE PRODUCT CATE	GORIES [21 CFR 170.3 (n) (5)			Ċ								
a.Soft, Ripened	Image: section of the content of the	Image: Control of the	V										



To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY,	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	/ Holding Facility (e.g., storage facilities, including	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract Sterilizer	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
SELECT BOX 37		\square	\square										
b.Semi-Soft Cheese													
d.Other Cheeses and Cheese Products													
8.CHOCOLATE AND COCOA PRODUCTS[21 CFR 170.3 (n) (3), (9), (38), (43)]	Ø	Ø	Ø										
9.COFFEE AND TEA[21 CFR 170.3 (n) (3), [7]	☑	☑	Image: section of the content of the										
10.COLOR ADDITIVES FOR FOODS[21 CFR 170.3 (o) (4)]	Ø	Ø	Ø										
13.DRESSING AND CONDIMENTS[21 CFR	\square	\square	Ø			60							
14.FISHERY / SEAFO	OD PRODUCT CATE	ORIES[21 CFR 170.3 (n) (13),	(15), (39), (40)]				1			r			
e.Processed and Other Fishery Products	Ø	Ø	Ø										
16.FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	Ø	Ø	Ø										
17.FRUIT AND FRUIT	PRODUCTS[21 CFR 170.3	3 (n) (16), (27), (28), (35), (43)]		I				1			I		
c.Other Fruit and Fruit Products	I	\square	I										



											- C		
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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
18.FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS[21 CFR 170.3 (n) (3), (16), (35)]	Ø	Ø	Ø										
19.GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS[21 CFR 170.3	Ø	Ø	Ø										
20.ICE CREAM AND RELATED PRODUCTS[21 CFR 170.3 (n) (20). (21)]	V	N	Ø										
21.IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	Ø	Ø	Ø										
22.MACARONI OR NOODLE PRODUCTS _{[21} CFR 170.3 (n) (23)]	Ø	Ø	Ø										
23.MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED)[21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	Ø	Ø	Ø										
24.MILK, BUTTER, OR DRIED MILK PRODUCTS[21 CFR 170.3 (n) (12), (30), (31)]	Ø	Ø	Ø										



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	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele	Manufact urer / Process or	Packer / Repacke	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
25.MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES[21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	✓	Ø	✓										
26.NUTS AND EDIBL	E SEED PRODUCT CA	TEGORIES[21 CFR 170.3 (r	n) (26), (32)]				,						
b.Edible Seed and Edible Seed Products	☑	Z	☑										
28.SHELL EGG AND	EGG PRODUCT CATE	GORIES[21 CFR 170.3 (n) (11	1), (14)]										
a.Chicken Egg and Egg Products	Ø	Ø	Ø										
b.Other Eggs and Egg Products	Ø	Ø	Ø										
29.SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE)[21 CFR 170.3 (n)	Ø	Ø	Ø										
30.SPICES, FLAVORS, AND SALTS[21 CFR 170.3 (n)	Ø	Ø	Ø										
31.SOUPS[21 CFR 170.3	\square	\square	\square										
32.SOFT DRINKS AND WATERS[21 CFR 170.3 (n) (3), (35)]	☑	☑	☑										
33.VEGETABLE AND	VEGETABLE PRODU	CT CATEGORIES[21 CFF	R 170.3 (n) (19), (36)]										



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)	/ Holding Facility (e.g., storage facilities, including	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low- Acid Food Process or	Interstat e Conveya nce Caterer / Catering Point	Contract	Labeler / Relabele	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
c.Other Vegetable and Vegetable Products		\square	\square										
34.VEGETABLE OILS (INCLUDES OLIVE OIL)(21 CFR 170.3	Ø	Ø	Ø										
35.VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS)[21 CFR 170.3 (n) (33)]	Ø	Ø	Ø										
36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH _{[21} CFR 170.3 (n) (1), (23)]	Ø	Ø	Ø										

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the fo	rm. 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	
OSection 3 - Preferred Mailing Address Information	
OSection 4 - Parent Company Address Information	
OSection 7 - US Agent Address Information	
ONone of the above	
Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge	e: Shawn Hood
Address, Line 1	Telephone Number
2400 Se Mailwell Dr	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

Oa. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

OB. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name Telephone Number

-N/A-

Address, Line 1 Fax Number

-N/A- -N/A-

Address, Line 2 E-Mail Address

-N/A- -N/A

State/Province/Territory

Zip Code (Postal Code)

Country/Area

Couriti y/Are

-N/A-

City

-N/A-

-N/A-

