



Date:02/19/2024 11:35:05

Please review the registration.

Created Date

2016-10-05 21:43:22.0

Registration Expiration Date

2024-12-31

Last Modified by

FMLS

Last Updated

2024-01-15

Last Modified by Company

Milligan's Maple Products LLC

Created by

mil33203

Registration Renewed Date

2022-12-26

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**

Initial Registration **18495191814** Pin No **7f97h6bc**

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

Milligan's Maple Products LLC

Facility Name Suffix

Limited Liability Corporation

Facility Street Address, Line 1

729 N Wilson Rd

Facility Street Address, Line 2

City

Columbus

State/Province/Territory

Ohio

Telephone Number

001 614 5627739

Fax Number

E-Mail Address

kevinmilligan@gmail.com

Unique Facility Identifier (UFI)

079812752



Zip Code (Postal Code)

**43204**

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)? No

Name

**Kevin Milligan**

Telephone Number

**001 614 5627739**

Address, Line 1

**4685 Larwell Dr**

Fax Number

Address, Line 2

E-Mail Address

City

**Columbus**

State/Province/Territory

**Ohio**

Zip Code (Postal Code)

**43220**

Country/Area

**UNITED STATES**

### 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

**Milligan's Maple Products LLC**

Telephone Number

**001 614 5627739**

Company Name Suffix

**Limited Liability Corporation**

Fax Number

Address, Line 1

**729 N Wilson Rd**

E-Mail Address

**kevinmilligan@gmail.com**

Address, Line 2

City

**Columbus**

State/Province/Territory

**Ohio**

Zip Code (Postal Code)

**43204**



Country/Area

**UNITED STATES**

### 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)

Emergency Contact Phone

**001 614 5627739**

Individual's Name (Optional)

E-Mail Address

**kevinlmilligan@gmail.com**

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (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

Emergency Contact Phone

**-N/A-**

**-N/A-**

Middle Name (Optional)

Fax Number

**-N/A-**

**-N/A-**

Last 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-**



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

January

End Month

March

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 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)
16.FOOD SWEETENERS (NUTRITIVE) (21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21))	<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 checked="" 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: Kevin Milligan



Address, Line 1

**4685 Larwell Dr**

Address, Line 2

City

**Columbus**

State/Province/Territory

**Ohio**

Zip Code (Postal Code)

**43220**

Country/Area

**UNITED STATES**

Telephone Number

**001 614 5627739**

Fax Number

E-Mail Address

**kevinmilligan@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.

### 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:** Kevin Milligan

#### 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-