

DHHS/FDA MENU AND VENDING MACHINE LABELING VOLUNTARY REGISTRATION

TYPE OF REGISTRATION: Initial Registration Renewal

NAME OF AUTHORIZED OFFICIAL:

STREET ADDRESS OF AUTHORIZED OFFICIAL:

ADDRESS LINE 2 (OPTIONAL):

CITY: STATE: ZIP CODE -

PHONE NUMBER OF AUTHORIZED OFFICIAL:

E-MAIL ADDRESS OF AUTHORIZED OFFICIAL:

Business

Address

City State Zip Code

Official

E-mail

Business

Address

City State Zip Code

Official

E-mail

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CERTIFICATION STATEMENT:

This form may be submitted only by an authorized official of a restaurant or similar retail food establishment that is not part of a chain with 20 or more locations, doing business under the same name, regardless of the type of ownership of the locations, and offering for sale substantially the same menu items, or an authorized official of a vending machine operator that is not operated by a person who is engaged in the business of owning or operating 20 or more vending machines. The authorized official certifies that each registered restaurant or similar retail food establishment or each vending machine operator named herein elects to be subject to the provisions of section 4205 of the Patient Protection and Affordable Care Act and any implementing regulations. By submitting this form to FDA, the authorized official certifies that the above information is complete, true and accurate. 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.

SIGNATURE:

PRINT NAME:

DATE

Check the box on the left if you are submitting this form electronically, to signify that your printed name will serve as your signature.

INSTRUCTIONS

You can download the form, fill it out, save it on your computer and e-mail it to:

menulawregistration@fda.hhs.gov

You can mail a completed copy to: **FDA, HFS-681, 5600 Fishers Lane, Rockville, MD 20857.**

Or you can Fax a completed form to (301) 436-2804.

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
1350 Piccard Drive, Room 400
Rockville, MD 20850

**Please do NOT send this
form to this address**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number.