FDA | U.S. Food and Drug Administration
Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date
07/15/2026 7:06:04

Created by
jsm7037

Created Date
2025-01-21 01:49:35.0

Registration Renewed Date

Registration Expiration Date
2026-12-31

Last Updated
2025-01-21

Registration Status
VALID

Registration Status Reason
Initial registration

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 broker, distributor, importer/filer?
◉ **Yes** ○ **No**

Do you take physical possession of the food?
◉ **Yes** ○ **No**

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

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* ***17035112854*** Pin No **e4leExdd** **Modify Pin**

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
SHUDH MASALA BHANDAR

Telephone Number
091 98 91112363

Facility Name Suffix
Company

Fax Number

E-Mail Address

Facility Street Address, Line 1
C-8/1 LAWRENCE ROAD INDUSTRIAL AREA

Facility Street Address, Line 2

City
NEW DELHI

State/Province/Territory
Delhi

Zip/Postal Code
110035

Country/Area
INDIA

starmasale@gmail.com

Unique Facility Identifier (UFI)
862378625

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
SHUDH MASALA BHANDAR

Address, Line 1
C-8/1 LAWRENCE ROAD INDUSTRIAL AREA

Address, Line 2

City
NEW DELHI

State/Province/Territory
Delhi

Zip Code (Postal Code)
110035

Country/Area
INDIA

Telephone Number
091 98 91112363

Fax Number

E-Mail Address
starmasale@gmail.com

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
SHUDH MASALA BHANDAR

Company Name Suffix
Company

Address, Line 1

Telephone Number
091 98 91112363

Fax Number

E-Mail Address
starmasale@gmail.com

C-8/1 LAWRENCE ROAD INDUSTRIAL AREA

Address, Line 2

City
NEW DELHI

State/Province/Territory
Delhi

Zip Code (Postal Code)
110035

Country/Area
INDIA

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- (●) **Same as Facility Address (Section 2)**
- ( ) **Same as U.S. Agent Information (Section 7)**
- ( ) **None of the above**

Individual's Title *(Optional)*

Individual's Name *(Optional)*

Individual's Middle Name *(Optional)*

Individual's Last Name *(Optional)*

Emergency Contact Phone
091 98 91112363

E-mail Address
starmasale@gmail.com

Job Title *(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
RAVI

Middle Name *(Optional)*

Last Name
KHURANA

Title *(Optional)*
MR

Telephone Number
516 3197317

Emergency Contact Phone
516 7550592

Fax Number

E-Mail Address
ranemusic@aol.com

Address, Line 1
59 heisser court

Address, Line 2

City
Farmingdale

State/Province/Territory
New York

Zip Code (Postal Code)
11735

Country/Area
UNITED STATES

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
December

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

Selected Product Name	Selected Activity Types
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor;

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 - U.S. Agent Address Information**
- ○ **None of the above**

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : NARESH BANSAL

Address, Line 1

Telephone Number

C-8/1 LAWRENCE ROAD INDUSTRIAL AREA

Address, Line 2

City
NEW DELHI

State/Province/Territory
Delhi

Zip Code (Postal Code)
110035

Country/Area
INDIA

091 98 91112363

Fax Number

E-Mail Address
starmasale@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: manish aggarwal

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-

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-

Telephone Number
-N/A-

Fax Number
-N/A-

E-Mail Address
-N/A-