

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/17/2024 13:09:19

Created Date
2013-11-21 10:00:11.0

Created by
gai32155

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-10-17

Last Updated
2024-10-17

Registration Status Reason
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?

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: **18582819712** Pin No **BEE7FDAB**

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
Gaia Herbs

Telephone Number
001 828 8835942

Facility Name Suffix
Incorporated

Fax Number

Facility Street Address, Line 1
101 Gaia Herbs Rd

E-Mail Address
tjm@gaiaherbs.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
623101664

City
Brevard

State/Province/Territory
North Carolina

Zip/Postal Code
28712-8930

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)? Yes

Name

Gaia Herbs

Telephone Number

001 828 8835942

Address, Line 1

101 Gaia Herbs Rd

Fax Number

E-Mail Address

tjm@gaiaherbs.com

Address, Line 2

City

Brevard

State/Province/Territory

North Carolina

Zip Code (Postal Code)

28712

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

Gaia Herbs

Telephone Number

001 828 8835942

Company Name Suffix

Incorporated

Fax Number

E-Mail Address

tjm@gaiaherbs.com

Address, Line 1

101 Gaia Herbs Rd

Address, Line 2

City

Brevard

State/Province/Territory

North Carolina

Zip Code (Postal Code)

28712

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)

Individual's Name (Optional)

Timothy

Individual's Middle Name (Optional)

Emergency Contact Phone

001 828 8835942

E-mail Address

tjm@gaiaherbs.com

Individual's Last Name *(Optional)*

Murray

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

-N/A-

Emergency Contact Phone

-N/A-

Middle Name *(Optional)*

-N/A-

Fax Number

-N/A-

Last Name *(Optional)*

-N/A-

E-Mail Address

-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

End Month

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 Processor	Low-Acid Food Processor	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)
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbals and Botanicals	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 - U.S. Agent Address Information
- None of the above

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

Address, Line 1 Telephone Number
101 Gaia Herbs Rd **001 828 8835942**

Address, Line 2 Fax Number

City E-Mail Address
Brevard **tjm@gaiaherbs.com**

State/Province/Territory
North Carolina

Zip Code (Postal Code)
28712

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: Moses McCord

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:

Same as Section 10

Individual's Name

Moses McCord

Telephone Number

001 828 8835938

Address, Line 1

101 Gaia Herbs Drive

Fax Number

E-Mail Address

mmccord@gaiaherbs.com

Address, Line 2

City

Brevard

State/Province/Territory

North Carolina

Zip Code (Postal Code)

28712

Country/Area

UNITED STATES