

Date:12/05/2023 11:50:13

Created Date	Created by
2020-10-02 11:51:56.0	reg56562
Registration Expiration Date	Registration Renewed Date
2024-12-31	2022-11-02
Last Updated	Registration Status Reason
2023-12-05	Biennial Registration Renewal - 2022
Registration Status	
VALID	
Is this facility engaged in the manufacturing/processing, packing, or head of the manufacturing of the manufacturi	holding of food for human or animal consumption in the United States?
Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?	
Oyes •No	
Section 1: Type of Registration	
Facility Location: Domestic Registration	
UPDATE OF REGISTRATION INFORMATION:	
Registration Number: 18630103308 Pin No BfAI7EJ4	
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:	
Section 2: Facility Name/Address Information	
Facility Name	Telephone Number
Winnesota Regional Transportation, LLC	001 952 2534255
Facility Name Suffix	Fax Number
Other	
Facility Name Suffix Other	
LLC	
Facility Street Address, Line 1	E-Mail Address
2040 Enlag Street	lore@winnecete.com

Unique Facility Identifier (UFI)

City

Hudson

State/Province/Territory

Facility Street Address, Line 2

Wisconsin

Zip Code (Postal Code)

54016



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 Telephone Number

Winnesota Regional Transportation, LLC 001 null null

Address, Line 1 Fax Number

10100 Crosstown Circle

Address, Line 2 E-Mail Address

City

Eden Prairie

State/Province/Territory

Minnesota

Zip Code (Postal Code)

55344

Country/Area

UNITED STATES

Section 4: Parent Company Name/Address Information

applicable and if different from	o Sections 2 and 3)	If information is the same	as another section	check which section:

● Same as Facility Address (Section 2)

OSame as Preferred Mailing Address (Section 3)

ONone of the above

Company Name Telephone Number

Winnesota Regional Transportation, LLC 001 952 2534255

Company Name Suffix Fax Number

Other

Company Name Suffix Other

LLC

Address, Line 1 E-Mail Address

3010 Enloe Street lora@winnesota.com

Address, Line 2

City

Hudson

State/Province/Territory

Wisconsin

Zip Code (Postal Code)

54016



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UNITED STATES

Section 5: Facility Emergency Contact Information

Section 5. Facility Emergency Contact information		
If information is the same as another section, check which section:	P. P.	
OSame as Facility Address (Section 2)		
● None of the above		
Individual's Title (Optional)	Emergency Contact Phone 001 612 9406341	
Individual's Name (Optional)	E-Mail Address	
Lora	lora@winnesota.com	
Individual's Middle Name (Optional)	Job Title (Optional)	
	Accounting Manager	
Individual's Last Name (Optional) Poldoski		
Section 6: Trade Names		
(If this facility uses trade names other than that listed in Section 2 above, I Are there alternate trade names used by your facility in addition to the name		
Oyes		
⊙ No		
Section 7: United States Agent		
(To be completed by facilities located outside any state or territory of the L	Inited States, District of Columbia, or The Commonwealth of Pue	erto 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		



ı													
Zip Code (Posta	l Code)												
Country/Area	0	60)	0.00			0.0			06			0	60
Section 8: Se	easonal Facili	ty Dates of O	peration (Op	tional)									
Give the approxi	mate dates that y	our facility is oper	for business, if it	ts operati	ons are	on a seas	sonal bas	sis (Optio	nal).				
Harvest 1													
Start Month					End Mo	nth							
Harvest 2													
Start Month					End Mo	nth							
Section 9: G	eneral Produc	ct Categories	- Human/Ani	mal/Bo	oth								
☑Food for Hum	nan Consumption				 Food	for Anin	nal Cons	umption					
Section 9a: 0 Facility	Seneral Produ	uct Categories	s - Food for H	luman	Consu	ımptioı	n; and	Туре о	f Activ	ity Coı	nducte	d at th	е
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)
1.ALCOHOLIC BEVERAGES[21 CFR 170.3 (n) (2)]	Ø	\square											
3.BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS[21 CFR 170.3 (n) (1), (9)]		Ø	Ø										
5.CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM[21 CFR 170.3 (n) (6), (9), (25), [38]]	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 r	Salvage Operator (Recondi tioner)	Farm Mixed- Type Facility	Other Activity Conduct ed (Please Specify)
a.Soft, Ripened Cheese		\square											
b.Semi-Soft Cheese													
c.Hard Cheese		Ø											
d.Other Cheeses and Cheese Products		I											
8.CHOCOLATE AND COCOA PRODUCTS[21 CFR 170.3 (n) (3), (9), (38), (43)]		Ø											
12.DIETARY SUPPLE	MENT CATEGORIES												
d.Herbals and Botanicals	d	I											
13.DRESSING AND CONDIMENTS[21 CFR 170.3 (n) (8), (12)]													
14.FISHERY / SEAFO	OD PRODUCT CATEO	ORIES[21 CFR 170.3 (n) (13),	(15), (39), (40)]										
a.Fin Fish, Whole or Filet		☑	\square										
b.Molluscan Shellfish		\square	Ø										
c.Other Shellfish		\square	\square										
d.Ready to Eat (RTE) Fishery Products		I	d										
e.Processed and Other Fishery Products		☑	Ø										
17.FRUIT AND FRUIT	PRODUCTS[21 CFR 170.3	g (n) (16), (27), (28), (35), (43)]						1				. 6	
a.Fresh Cut Produce		V											
b.Raw Agricultural													



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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)	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)
c.Other Fruit and Fruit Products		\square											
18.FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS[21 CFR 170.3 (n) (3), (16), (35)]	Ø												
19.GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS[21 CFR 170.3	☑												
21.IMITATION MILK PRODUCTS [21 CFR		☑											
22.MACARONI OR NOODLE PRODUCTS[21 CFR 170.3 (n) (23)]	Ø												
23.MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED)[21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]		Ø	Ø								0 - 9		
24.MILK, BUTTER, OR DRIED MILK PRODUCTS[21 CFR 170.3 (n) (12), (30), (31)]		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 r	Manufact urer / Process or	Packer / Repacke r	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	Ø											
26.NUTS AND EDIBL	E SEED PRODUCT CA	TEGORIES[21 CFR 170.3 (n) (26), (32)]										
a.Nut and Nut Products	\square												
b.Edible Seed and Edible Seed Products													
27.PREPARED SALAD PRODUCTS _{[21} CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]		Ø											
28.SHELL EGG AND	EGG PRODUCT CATE	GORIES[21 CFR 170.3 (n) (11), (14)]	ı			ı			I			I
a.Chicken Egg and Egg Products		Image: Control of the											
b.Other Eggs and Egg Products		d											
29.SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE)[21 CFR 170.3 (n)	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 r	Manufact urer / Process or	Packer / Repacke r	Salvage Operator (Recondi tioner)	Other Activity Conduct ed (Please Specify)
30.SPICES, FLAVORS, AND SALTS[21 CFR 170.3 (n)	Ø											
31.SOUPS[21 CFR 170.3 (n) (39), (40)]	\square	\square										
32.SOFT DRINKS AND WATERS[21 CFR 170.3 (n) (3), (35)]												
33.VEGETABLE AND	VEGETABLE PRODUC	CT CATEGORIES[21 CFR	: 170.3 (n) (19), (36)]					1				
a.Fresh Cut Products		Ø	Ø									
b.Raw Agricultural Commodities		Ø	Ø									
c.Other Vegetable and Vegetable Products			Image: section of the content of the									
34.VEGETABLE OILS (INCLUDES OLIVE OIL)[21 CFR 170.3	Ø											
35.VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS)[21 CFR 170.3 (n)		Ŋ										
36.WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH[21 CFR 170.3 (n)	Ø											



Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

Facility			1.9					19		
To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditi oner)	Farm Mixed- Type Facility	Other Activity (Please Specify)
5.ANIMAL PROTEIN PRODUCTS		\square								
29.MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)		V								
30.PET FOOD		Ø								
31.PET TREATS OR PET		\square								
32.PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)										
Section 10: Ow	ner, Operator, o	or Agent-in-Cha	rge Information							
section: If information is the Section 2 - Facili	same as Section 2, o	check the box: on	ctions on the form. If	information	is the san	ne as anoti	ner section	of the forn	n, check w	hich
	rred Mailing Address									
	nt Company Address gent Address Inform									
ONone of the above		ation								
		Owner, Operator, or A	Agent-in-Charge: Lora	a Poldoski						
Address, Line 1			Tel	ephone Nu	mber					>

Address, Line 2
City

3010 Enloe Street

State/Province/Territory

Wisconsin

Hudson

001 952 2534255

Fax Number

E-Mail Address

lora@winnesota.com



Zip Code (Postal Code)

54016

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 FORM: Lora Poldoski

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:

☑Same as Section 10

Individual's Name Telephone Number

Lora Poldoski 001 952 2534255

Address, Line 1 Fax Number

3010 Enloe Street

Address, Line 2 E-Mail Address

lora@winnesota.com

City

Hudson

State/Province/Territory

Wisconsin

Zip Code (Postal Code)

54016

Country/Area

UNITED STATES