

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

05/27/2025 9:07:48

Created by

reg56562

Created Date

2020-08-05 14:07:50.0

Registration Renewed Date

2024-12-13

Registration Expiration Date

2026-12-31

Last Updated

2024-12-13

Registration Status

VALID

Registration Status Reason

Biennial Registration Renewal - 2024

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: 15301547564 Pin No BGG00d4j [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

WINNESOTA MULTI-TEMP DELIVERY AND STORAGE LLC

Facility Name Suffix

Other

Facility Name Suffix Other

LLC

Facility Street Address, Line 1

10100 Crosstown Circle

Facility Street Address, Line 2

Telephone Number

001 952 2534265

Fax Number

E-Mail Address

accounting@winnesota.com

Unique Facility Identifier (UFI)

079676361

City  
**Eden Prairie**

State/Province/Territory  
**Minnesota**

Zip/Postal Code  
**55344**

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	Telephone Number
<b>WINNESOTA MULTI-TEMP DELIVERY AND STORAGE LLC</b>	<b>001 952 2534265</b>
Address, Line 1	Fax Number
<b>10100 Crosstown Circle</b>	
Address, Line 2	E-Mail Address
	<b>accounting@winnesota.com</b>
City	
<b>Eden Prairie</b>	
State/Province/Territory	
<b>Minnesota</b>	
Zip Code (Postal Code)	
<b>55344</b>	
Country/Area	
<b>UNITED STATES</b>	

### 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	Telephone Number
<b>WINNESOTA MULTI-TEMP DELIVERY AND STORAGE LLC</b>	<b>001 952 2534265</b>
Company Name Suffix	Fax Number
<b>Other</b>	
Company Name Suffix Other	E-Mail Address
<b>LLC</b>	<b>accounting@winnesota.com</b>
Address, Line 1	
<b>10100 Crosstown Circle</b>	

Address, Line 2

City

**Eden Prairie**

State/Province/Territory

**Minnesota**

Zip Code (Postal Code)

**55344**

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 aboveIndividual's Title *(Optional)*

Emergency Contact Phone

**001 952 2534255**Individual's Name *(Optional)***Lora**

E-mail Address

**lora@winnesota.com**Individual's Middle Name *(Optional)*Job Title *(Optional)*Individual's Last Name *(Optional)***Poldoski****Administrative Manager**

## 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

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

Selected Product Name	Selected Activity Types
1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
7. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]	
d. Other Cheeses and Cheese Products	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]	
b. Raw Agricultural Commodities	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
c. Other Fruit and Fruit Products	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
23. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
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);

Selected Product Name	Selected Activity Types
32. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
b. Raw Agricultural Commodities	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);

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

Selected Product Name	Selected Activity Types
5. ANIMAL PROTEIN PRODUCTS	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);

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 : Lora Poldoski

Address, Line 1

10100 Crosstown Circle

Address, Line 2

City

Eden Prairie

State/Province/Territory

Minnesota

Zip Code (Postal Code)

55344

Country/Area

UNITED STATES

Telephone Number

001 952 2534265

Fax Number

E-Mail Address

accounting@winnesota.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:** Lora Poldoski

**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-**