

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 9:10:51

Created by
win1383

Created Date
2025-03-10 11:27:48.0

Registration Renewed Date

Registration Expiration Date
2026-12-31

Last Updated
2025-03-14

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 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:* **18889901400** *Pin No* **JF4H962e** [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 Cold Chain Services

Telephone Number
001 952 9481001

Facility Name Suffix
Limited Liability Corporation

Fax Number

Facility Street Address, Line 1
943 Blue Ribbon Cir N

E-Mail Address
lora@winnesota.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
117705938

City
Oconomowoc

State/Province/Territory

Wisconsin

Zip/Postal Code

53066

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

Winnesota Multi-Temp Delivery and Storage LLC

Telephone Number

001 952 2534255

Address, Line 1

10100 Crosstown Circle

Fax Number

E-Mail Address

lora@winnesota.com

Address, Line 2

City

Eden Prairie

State/Province/Territory

Minnesota

Zip Code (Postal Code)

55344

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

Winnesota Multi-Temp Delivery and Storage LLC

Telephone Number

001 952 2534255

Company Name Suffix

Fax Number

Address, Line 1

10100 Crosstown Circle

E-Mail Address

lora@winnesota.com

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

E-mail Address

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

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 MonthEnd Month

Harvest 2

Start MonthEnd 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)]	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);
7. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]	
a. Soft, Ripened Cheese	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
b. Semi-Soft Cheese	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
c. Hard Cheese	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
d. Other Cheeses and Cheese Products	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
13. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]	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);
14. FISHERY / SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)]	
a. Fin Fish, Whole or Filet	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
b. Molluscan Shellfish	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
c. Other Shellfish	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
d. Ready to Eat (RTE) Fishery Products	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);

Selected Product Name	Selected Activity Types
e. Processed and Other Fishery 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);
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);
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); Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
a. Fresh Cut Products	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
b. Raw Agricultural Commodities	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks);
c. Other Vegetable and Vegetable Products	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);
29. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators);
30. PET FOOD	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 : Winnesota Multi Temp Delivery and Storage

Address, Line 1
10100 Crosstown Circle

Telephone Number
001 952 2534255

Address, Line 2

Fax Number

City
Eden Prairie

E-Mail Address
lora@winnesota.com

State/Province/Territory
Minnesota

Zip Code (Postal Code)

55344

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

- ☒ **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-