



Date:09/20/2021 10:06:12

Please review the registration.

Created Date

2020-08-04 13:10:35.0

Created by

pro45207

Registration Expiration Date

2022-12-31

Registration Renewed Date

2020-11-03

Last Modified by

pro45207

Last Updated

2021-05-10

Last Modified by Company

Uncommon Canning LLC dba. Proper Beverage Co

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

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

Initial Registration **11151736554** Pin No **BI75909A**

Are you the new owner of a previously registered facility?

Yes  No

Previous Owner's Title: **Mr**

Previous Owner's Name: **Kevin Clement**

Previous Owner's Registration Number: **11153490812**

### Section 2: Facility Name/Address Information

Facility Name

**Uncommon Canning LLC dba. Proper Beverage Co**

Telephone Number

**001 414 7311663**

Facility Name Suffix

**Limited Liability Corporation**

Fax Number

Facility Street Address, Line 1

**4432 S. Buttermilk Ct**

E-Mail Address

**brian.hirsch@properbeverageco.com**

Facility Street Address, Line 2

**#400**

Unique Facility Identifier (UFI)

**117031728**

City

**Hudsonville**

State/Province/Territory

**Michigan**

Zip Code (Postal Code)

**49426**



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>Uncommon Canning LLC dba. Proper Beverage Co</b>	<b>001 414 7311663</b>
Address, Line 1	Fax Number
<b>4432 S. Buttermilk Ct</b>	
Address, Line 2	E-Mail Address
<b>#400</b>	<b>brian.hirsch@properbeverageco.com</b>
City	
<b>Hudsonville</b>	
State/Province/Territory	
<b>Michigan</b>	
Zip Code (Postal Code)	
<b>49426</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>Uncommon Canning LLC dba. Proper Beverage Co</b>	<b>001 414 7311663</b>
Company Name Suffix	Fax Number
<b>Limited Liability Corporation</b>	
Address, Line 1	E-Mail Address
<b>4432 S. Buttermilk Ct</b>	<b>brian.hirsch@properbeverageco.com</b>
Address, Line 2	
<b>#400</b>	
City	
<b>Hudsonville</b>	
State/Province/Territory	
<b>Michigan</b>	
Zip Code (Postal Code)	
<b>49426</b>	



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)

Emergency Contact Phone

**001 414 7311663**

Individual's Name (Optional)

E-Mail Address

**brian.hirsch@properbeverageco.com**

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (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

Alternate Trade Name #1: **Proper Beverage Co.**

**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 Process or	Low-Acid Food Process or	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)
1. ALCOHOLIC BEVERAGES <sup>21</sup> CFR 170.3 (n) (2)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbals and Botanicals	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. SOFT DRINKS AND WATERS <sup>21</sup> CFR 170.3 (n) (3), (35)	<input type="checkbox"/>	<input 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 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 - US Agent Address Information

None of the above

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

Address, Line 1

**4432 S. Buttermilk Ct**

Address, Line 2

**#400**

City

**Hudsonville**

State/Province/Territory

**Michigan**

Zip Code (Postal Code)

**49426**

Country/Area

**UNITED STATES**

Telephone Number

**001 414 7311663**

Fax Number

E-Mail Address

**brian.hirsch@properbeverageco.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:** Brian Hirsch

**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

**Brian Hirsch**

Address, Line 1

**1826 Chicago Dr**

Address, Line 2

**#600**

Telephone Number

**001 414 7311663**

Fax Number

E-Mail Address

**brian.hirsch@properbeverageco.com**



City

**Georgetown TWP**

State/Province/Territory

**Michigan**

Zip Code (Postal Code)

**49428**

Country/Area

**UNITED STATES**