

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

1. DATE

03/03/2017

2. ESTABLISHMENT NO.

P-8813 / M-8813

**GRANT OF INSPECTION**

3. DISTRICT CODE

80 / 16

4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known)

GOLDEN PLATTER FOODS, INC.  
37 TOMPKINS POINT ROAD  
NEWARK, NJ 07114

5. DISTRICT OFFICE CONTACT INFORMATION (mailing address, e-mail, phone number)

RALEIGH DISTRICT OFFICE  
6020 SIX FORKS ROAD  
RALEIGH, NC 27609

6. LOCATION OF ESTABLISHMENT (PHYSICAL STREET ADDRESS)

37 TOMPKINS POINT ROAD  
NEWARK, NJ 07114

7. TYPE OF GRANT

- CONDITIONAL (VALIDATE HACCP PLAN)  
 REGULAR

8. TYPE OF INSPECTION (Check all that apply)

- MEAT                       POULTRY                       EGG  
 IMPORT                       SILURIFORMES FISH

9. DATE OF INAUGURATION OF SERVICE

SEPTEMBER 1989

**AGREEMENT AND CERTIFICATION:** A survey of your establishment at the location shown above indicates compliance with the applicable requirements in Title 9 CHAPTER III – FOOD SAFETY AND INSPECTION SERVICE, DEPARTMENT OF AGRICULTURE regulations promulgated under the authority of the Federal Meat Inspection Act, the Poultry Products Inspection Act, or the Egg Products Inspection Act. Accordingly, inspection service is granted.

A copy of FSIS Form 5200-2, *Application for Federal Inspection*, is enclosed or attached. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to the inspection of meat, poultry, Siluriformes fish or egg product or the importation of meat, poultry, Siluriformes fish or egg product.

Your establishment is under the supervision of the District Office. Contact the District Office if you need help in interpreting the provisions of the regulations

**REMARKS:**

THIS FEDERAL GRANT OF INSPECTION IS TO UPDATE THE "JOINT BUSINESS AS" LIST ON THE APPLICATION FOR FEDERAL INSPECTION FOR ESTABLISHMENT M/P-8813.

CC: FLS/TA COORDINATOR

IIC  
RM  
FSC  
SEIAO/DCS  
DVMS  
EST. FILE

DISTRICT MANAGER SIGNATURE



PRINT NAME

Dr. Beth Cunningham, Deputy District Manager

**SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT (continued)**

23. Enter the name of each person listed in Block 22 who has been convicted in any Federal or state court of (1) any felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of the conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

None  Yes, explain

24. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of any (1) felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

None  Yes, explain

25. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3 and 381.22 for meat and poultry inspection only. Check all applicable boxes. (Does not apply to egg product inspection.)

Developed written recall procedures  Developed written Sanitation Standard Operating Procedures (SSOP)  Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point Plan (HACCP)

26. Applicant has been provided with a copy of the Privacy Act Notice?

Yes  No

**AGREEMENT AND CERTIFICATION:** If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 461 et seq.), or the Egg Products Inspection Act, (21 U.S.C. 1031 et seq.), and the regulations governing the inspection of the meat, poultry or egg product inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.). I CERTIFY that all statements made herein are true to the best of my knowledge and belief.  
**WARNING:** Persons knowingly and willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years, or both, as prescribed by Title 18 U.S.C. 1001. This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250.

27. Typed or written name and title of person signing application

SCOTT BENNETT

28. Signature

Scott Bennett

**TO BE COMPLETED BY USDA FSIS OFO DISTRICT OFFICE ONLY**

29. Is this establishment (check all that apply)

under State Inspection?  in the Cooperative Interstate Shipment (CIS) Program?  to be under the Tammingo-Alton Act?

30. Date application received by District Office

MAR 02 2017

31. Official inspection number(s) assigned by District Office

M-8813 / P-8813

32. Signature of the District Manager



33. Date

MAR 03 2017

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0163. The time required to complete this information collection is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

**APPLICATION FOR FEDERAL INSPECTION**  
(Meat, Poultry, Shellfishes Fish, Egg Products and Import Inspection)

Submit this application electronically, or by mail, to the Grant Center at the appropriate U.S. Department of Agriculture, Food Safety and Inspection Service, District Office. Complete all sections. If a section is not applicable, enter N/A or None. If additional space is needed for any items, use the continuation sheet provided or an attachment. Number the item.

**SECTION I APPLICANT INFORMATION**

1. Date of Application  1a. Existing Establishment Number (if applicable)

2. Type of Application (check all that apply)  
 New  Change of Location  Change of Ownership  Other, specify:

3. Type of Inspection (check all that apply)  
 Meat  Poultry  Egg Products  Import  Shellfishes Fish

4. Form of Organization (check applicable box)  
 Individual  Cooperative Association  Partnership  Corporation  Education Institution  Limited Liability Company (LLC)  Other

5. If Corporation, Name of State or Territory where incorporated  6. Date Incorporated

7. Name and Address of Corporate Headquarters  
 Name   
 Address   
 City

8. Federal Employer ID#  9. Dun & Bradstreet # (if applicable)   
 State  Zip Code  Country

10. Firm's Code (meat only)

11. Name of Applicant (person, firm or corporation making application) and mailing address  
 Name   
 Address   
 City   
 State  Zip Code  Country

12. Telephone number and e-mail address of applicant  
 phone   
 e-mail

13. Actual Name of Company and Physical Location Address of Establishment  
 Name   
 Address   
 City   
 State  Zip Code  Country

14. Telephone number, mailing address and e-mail address of establishment  
 phone   
 mailing address   
 e-mail

**SECTION II ESTABLISHMENT INFORMATION**

15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection. Use continuation sheet or attachment if necessary. (For egg product plants, submit blueprints via electronic attachment or by mail.)  
 on continuation sheet  attached document  by other means (mail, courier)  previously submitted

16. Name and establishment number of other official establishments located in the same facility (if applicable)   
 17. Other names - Doing Business As (DBA) - Use continuation sheet if necessary

18. Estimated date when the establishment will be ready to operate under inspection (mm/dd/yyyy)

19. MEAT, POULTRY, AND SILURIFORMES FISH INSPECTION ACTIVITIES (check all that apply)

19A. SLAUGHTER OPERATIONS

- Calf
- Cattle
- Equine
- Goat
- Sheep
- Swine
- Chicken
- Duck
- Goose
- Guinea
- Ratite
- Squab
- Turkey
- Siluriformes Fish

19B. PROCESSING OPERATIONS

- a. Fully Cooked - Not Shelf Stable
- b. Heat Treated Not Fully Cooked - Not Shelf Stable
- c. Heat Treated - Shelf Stable
- d. Not Heat Treated - Shelf Stable
- e. Product with Secondary Inhibitors - Not Shelf Stable
- f. Raw - Intact Products
- g. Raw - Non Intact Products
- h. Thermally Processed Commercially Sterile

19C. EXEMPTIONS (explain separation from inspected products on continuation sheet)

- Custom Processing
- Custom Slaughter
- Retail Activities
  
- Religious Exempt Poultry**
- Buddhist eviscerated Poultry
- Confucian Non-eviscerated Poultry
- Islamic (Halal) Poultry
- Kosher Non-eviscerated Poultry
  
- Religious Exempt Livestock**
- Halal
- Kosher
- Other (specify on continuation sheet)

19D. JURISDICTION (explain separation from inspected products on continuation sheet)

- FSIS inspection only
- State Inspection
- Talmadge-Alken
  
- Multiple Agencies**
- N/A
- Dual Jurisdiction Establishment with Food and Drug Administration (FDA)
- USDA Agricultural Marketing Service (AMS) Grading/Quality Control
- Establishment provides products for the National School Lunch Program

20. EGG PRODUCTS INSPECTION (check all that apply)

- a. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg product)
- b. Heat Treated - Shelf Stable (dried egg product, 50% Sugar Yolk)
- c. Not Heat Treated - unpasteurized egg product only
- d. Egg Breaking

21. IMPORT INSPECTION (check all that apply)

21A. Species

- Meat
- Poultry
- Egg Products
- Siluriformes Fish

21C. Types of Products (egg products)

- Egg/Egg Products
- Shell Eggs
- Liquid Eggs
- Frozen Eggs
- Dried Eggs

21D. Types of Products (meat and poultry only)

- Fully Cooked - Not Shelf Stable
- Frozen from an APHIS restricted country 9 CFR 94.4 (b)
- Frozen
- Perishable
- Heat Treated - Not Fully Cooked - Not Shelf Stable
- Heat Treated - Shelf Stable
- Not Heat Treated - Shelf Stable
- Product with Secondary Inhibitors - Not Shelf Stable
- Raw - Non-Intact
- Ground product
- Other Non-Intact
- Raw - Intact
- Cuts (including bone-in and boneless meats)
- Boneless and/or skinless parts
- Other Intact
- Carcasses
- Beef
- Goat
- Mutton
- Poultry
- Veal
- Thermally Processed/Commercially Sterile
- Soups
- Other
- Equine
- Lamb
- Pork
- Ratite
- Veal-tide on
- Comed (species)
- Ham

21B. Mode of Transportation

- Rail Cars
- Ocean Vessel
- Trucks
- Airline
- Other, specify:

**SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT**

22. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more of voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment if necessary.

Name and Title		Present e-mail and home address		Holder of 10% or more voting stock? (if corporation)
First	Scott	e-mail	sbennett@goldenplatter.com	<input checked="" type="checkbox"/> yes
Last	Bennett	Address	49 Walter Street	<input type="checkbox"/> no
		City	New York City	
Title	PRESIDENT	State	NY Zip Code 10013 Country USA	
First		e-mail		<input type="checkbox"/> yes
Last		Address		<input type="checkbox"/> no
		City		
Title		State	Zip Code Country	
First		e-mail		<input type="checkbox"/> yes
Last		Address		<input type="checkbox"/> no
		City		
Title		State	Zip Code Country	
First		e-mail		<input type="checkbox"/> yes
Last		Address		<input type="checkbox"/> no
		City		
Title		State	Zip Code Country	
First		e-mail		<input type="checkbox"/> yes
Last		Address		<input type="checkbox"/> no
		City		
Title		State	Zip Code Country	
First		e-mail		<input type="checkbox"/> yes
Last		Address		<input type="checkbox"/> no
		City		
Title		State	Zip Code Country	