



Out-of-State Frozen Dessert Importer - Application to Register

Division of Food and Lead Risk Assessments

This document is intended for any out-of-state manufacturer or distributor intending to import and distribute frozen dessert products into South Carolina for resale purposes. An application package must be submitted to DHEC for each out-of-state manufacturing plant with their frozen dessert product being imported into South Carolina. Application must be complete and legible. Any missing information will result in processing delays. Any section that requires additional space or documentation must be completed by attaching 8.5" x 11" sized documents labeled to identify the associated section(s).

Out-of-State Frozen Dessert Manufacturer or Distributor

Establishment Name (Plant Code No.) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Location(s) where the frozen dessert product may be sampled in South Carolina

Owner(s)/Authorized Agent(s) Contact Information

Name(s) _____

Phone 1 _____ Phone 2 _____

E-mail 1 _____ E-mail 2 _____

The following documents must be submitted to DHEC with the completed application. The documents provided must be for the out-of-state frozen dessert manufacturer or distributor named on this application. Place a check mark next to each requirement to indicate the document is included in your application package.

Letter from the state regulatory agency or health authority stating that the plant(s) is permitted or licensed as required, has a source water supply meeting all EPA public drinking water requirements, and is operated and maintained in a sanitary manner based on previous plant inspection(s).

Copy of the latest finished product analysis

Copy of product label for regulatory review.

Owner/Authorized Agent Signature Print Name Submittal Date

Submit your application package to:

SC DHEC, Attn: Manufactured Food Program
2600 Bull Street, Columbia, SC 29201
ManufacturedFood@dhec.sc.gov (Email)

**SOUTH CAROLINA DEPARTMENT OF
HEALTH AND ENVIRONMENTAL CONTROL**

DHEC FORM 4404

Instructions for Completing

1. Provide the establishment name for the out-of-state frozen dessert manufacturing plant or distribution station. Include your state issued plant code number.
2. Provide the establishment's physical street address to include the building or apartment number, if applicable.
3. Provide the city, state and zip code portion of the establishment's physical address.
4. Provide the establishment's phone number including the area code.
5. Provide the email address to be used by the establishment.
6. Provide the address(es) to include city and zip code of all location(s) in South Carolina where DHEC may obtain samples of the out-of-state manufactured/distributed frozen dessert product.
7. Provide the owner(s)/authorized agent(s) name(s).
8. Provide contact phone number(s) for the owner(s)/authorized agent(s) - mobile numbers to include area code.
9. Provide the contact email address(es) for the owner(s)/authorized agent(s).
10. The documentation provided must be for the establishment named on this application.*
11. The documentation provided must include all finished frozen dessert product(s) produced by the establishment named on this application and is requested to be imported into South Carolina.*
12. The documentation provided must include product labels from all frozen dessert products that are produced at the establishment named on this application and is requested to be imported into South Carolina.*
13. Application must be signed by the owner or authorized agent for the out-of-state frozen dessert manufacturer or distributor. Include the printed name of the owner/authorized agent and the date of submittal to DHEC.

*Place a check mark in the box when you have obtained and are prepared to submit the documentation that satisfies the requirement.

Retention schedule for this form is: 11697 - Dairy/Soft Drink Facility File