

Water Bottling Plant License Application Checklist

If you are a **New Applicant**, please follow this checklist:

- Water Quality Test—**
Certified from an **Environmental Laboratory Accreditation Program (ELAP) Laboratory** (§111145b). [List of ELAP laboratories.](#)
- Bottled Water Report** in both English and Spanish.
[Bottled Water Report requirements.](#)
- Product Labels**
- Payment of \$1,748.00** in the form of a check made payable to CA Department of Public Health
- CDPH 8603 application (fully completed)**, continued on next page.
- Mail all of the documents checked above to:**
CDPH Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899

If you are **Renewing** your existing license, please follow this checklist:

- Water Quality Test—Certified from an ELAP Laboratory.**
[List of ELAP laboratories.](#)
- Bottled Water Report** in both English and Spanish.
[Bottled Water Report requirements.](#)
- Product Labels**
- Payment of \$1,748.00** in the form of a check made payable to CA Department of Public Health
- CDPH 8603 application (fully completed)**, continued on next page.
- Mail all of the documents checked above to:**
CDPH Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899

WATER BOTTLING PLANT LICENSE APPLICATION
Incomplete applications will be returned. See Page 3 for Instructions.

License Number (if not new):

- NEW APPLICANT** **RENEWAL APPLICANT**
 OWNERSHIP CHANGE **RELOCATION**—Previous Address:

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (Use other sheets as needed)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

11. Interstate Commerce: Product Shipped Product or Raw Materials Received N/A

12. Type of Ownership
 Individual/Sole Proprietorship Partnership Corporation Limited Liability Company Nonprofit
 Other:

13. Owner's Name / Corporate Name (if applicable)	State of Incorporation
---	------------------------

14. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles
-----	-----

15. Bottled Water Products (check all that apply and attach labels)

<input type="checkbox"/> A—Drinking	<input type="checkbox"/> E—Fluoridated	<input type="checkbox"/> I—Carbonated
<input type="checkbox"/> B—Distilled	<input type="checkbox"/> F—Flavored	<input type="checkbox"/> J—Purified by Deionization
<input type="checkbox"/> C—With Added Minerals	<input type="checkbox"/> G—Spring	<input type="checkbox"/> K—Purified by Reverse Osmosis
<input type="checkbox"/> D—Mineral	<input type="checkbox"/> H—Artesian Well	<input type="checkbox"/> L—Well (non-Artesian)
<input type="checkbox"/> M—Other (describe):		

16. Average weekly gallonage production for the last year. “(Required):
 *Average weekly production is determined by dividing the total number of gallons either in or shipped into California by 52. (New applicants may estimate for their first year.)

17. List All Product Brand Names Bottled At This Facility (attach a separate sheet if necessary)

18. Water Source(s): Private Water Municipal Water

19. Name of Private Source(s) or Water District	California Private Water Source License Number	Operator's Telephone Number	
Source Address (number, street)	City	State	ZIP Code
Description of Location or Source			

20. LICENSE FEE (Fee is Non-Refundable) <input type="checkbox"/> New Applicant—\$1,748.00 <input type="checkbox"/> Renewal Applicant—\$619.00—Less Than 5,000 Gallons/Week <input type="checkbox"/> Renewal Applicant—\$1,748.00—More Than 5,000 Gallons/Week	MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH See Page 4 for Mailing Address.
--	--

PLEASE CONTINUE TO NEXT PAGE

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by California Health and Safety Code, Section 110475. Under penalties of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. I also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

21. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
-----------------------	----------------------	-----------------	------

Authorized representatives and/or signatories:

22. Business Operator Name	23. Telephone Number	24. Emergency Number	25. E-Mail Address
26. Correspondent Name	27. Telephone Number	28. Alternate Phone #	29. E-mail Address

-End of Application-

Please note: All boxes must be completed. Incomplete applications will be returned.

Do Not Write Below This Line

License Number	Expiration Date	Date Received	Payment Type	Amount \$
----------------	-----------------	---------------	--------------	--------------

Instructions for Completing the Water Bottling Plant Application

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Bottled Water Distributor License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Bottled Water Distributor License for this location and you are renewing that license. If this firm has changed location or ownership, please submit a new application for licensure of that facility.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address or P.O Box.
9. **Country:** Enter the country where your facility is located if outside of the United States.
10. **Website:** Enter the website address for your business if applicable.
11. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **Bottled Water Products:** Place an (X) in the box adjacent to the types of water products handled and processed at this facility.
16. **Average Weekly Gallonage:** Enter the average weekly gallonage of water processed at this facility or estimate the weekly gallonage if new license applicant.
17. **Product Brand Names:** List all product brand names that are bottled at this facility. Attach a separate sheet if additional space is needed.
18. **Water Source:** Place an (X) in the box adjacent to the water source(s) used by this bottling plant.
19. **Name and Address of Source or Water District:** Enter the name, address, telephone, and if applicable, Private Water Source License Number for your source water provider. Describe location of source water if not provided by a water district or CDPH-licensed private water source operator.
20. **License Fee:** Place an (X) in the box next to the proper fee category for this bottling plant:

21. **Owner's Signature, Printed Name, Title, Date:** This section must be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.
22. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
23. **Business Telephone Number:** Enter the daytime business telephone number for your business.
24. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
25. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
26. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
27. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
28. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
29. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please make all checks payable to: <u>CA Department of Public Health</u> Mail Application and checks to:			
Regular Mail:	California Department of Public Health Food and Drug Branch – Cashier MS 7602 P.O. Box 997435 Sacramento, CA 95899-7435	Overnight Mail:	California Department of Public Health Food and Drug Branch – Cashier 1500 Capitol Avenue, MS-7602 Sacramento, CA 95814

Call the Food and Drug Branch at (800) 495-3232 if you have additional questions about this application.