

Retail Water Facility License Application Checklist

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

- Coliform Test—**
Certified from an **Environmental Laboratory Accreditation Program (ELAP) Laboratory** (§111145b). [List of ELAP laboratories](#).
- Total Dissolved Solids (TDS) test results** (If you are selling purified water) (§111145c)
- Volatile Organic Compounds (VOC) test results** (§111150)
- Lead in Water test results**
- Payment of \$619.00** in the form of a check made payable to CA Department of Public Health
- [CDPH 8602](#) application (fully completed; all fields both pages)**, continued next page.
- Mail all 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:

- Coliform Test—Certified from an ELAP Laboratory within the last 6 months.** [List of ELAP laboratories](#).
- Total Dissolved Solids (TDS) test results** (If you are selling purified water)
- Payment of \$619.00** in the form of a **check** made payable to CA Department of Public Health
- [CDPH 8602](#) application (fully completed; all fields both pages)**, continued next page.
- Mail all the documents checked above to:**
CDPH Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899

RETAIL WATER FACILITY 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
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15. Do you have a Water Vending Machine at your facility? Yes NoIf yes, is your machine: Inside facility Outside facility (accessible after hours)

16. Water Treatment Used

- Carbon Filtration Deionization Distillation Membrane Filtration Ozonation
 Reverse Osmosis Ultraviolet Other:

17. Water Products

- A—Drinking B—Distilled J—Purified by Deionization K—Purified by Reverse Osmosis
 M—Other:

18. Is your Water Source Public Water? Yes No

If yes, please provide the following:

Name of Water District		Telephone	
Address (number, street)	City	State	ZIP Code

19. Is your Water Source from Private Water? Yes No

If yes, please provide operator's CDPH license number:

LICENSE FEE: \$619.00 (Fee is Non-Refundable)	MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH See Page 4 for Mailing Address.
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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.

20. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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Authorized representatives and/or signatories:

21. Business Operator Name	22. Telephone Number	23. Emergency Number	24. E-Mail Address
25. Correspondent Name	26. Telephone Number	27. Alternate Phone#	28. 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 \$
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Instructions for Completing the Retail Water Facility License Application

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Retail Water Facility 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 Retail Water Facility 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. **Water Vending Machine:** Place an (X) in the box indicating whether or not you have a water vending machine at your facility; Place an (X) in the box indicating whether your machine is located inside the facility or if it is accessible from outside the store.
16. **Water Treatment Used:** Place an (X) in the box adjacent to the type of water treatment(s) used in this facility.
17. **Water Products:** Place an (X) in the box adjacent to the water products at this facility.
18. **Public Water Source:** Place an (X) in the box adjacent to the correct answer. If you answer yes, please provide the name of the water district, their address, city, state, ZIP code and phone number.
19. **Private Water Source:** Place an (X) in the box adjacent to the correct answer. If you answer yes, please provide the CDPH Private Water Source Operator's License Number.
20. **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.
21. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
22. **Business Telephone Number:** Enter the daytime business telephone number for your business.
23. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
24. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.

25. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
26. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
27. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
28. **Correspondent E-mail Address:** Enter the facility e-mail address.

NOTE: Please be advised that retailers that have a water vending machine or a window mount water vending machine accessible from outside the store are required to hold a separate license for the water vending machine. Any machine located outside your store or accessible outside the store after hours is NOT included in your retail water facility license.

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.