WATER VENDING MACHINE OPERATOR LICENSE APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED
See Page 2 for Instructions.

☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ RELOCATION ☐ OWNERSHIP CHANGE ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)	
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ( )	11. Facility FAX Number ( )
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ( )	13. E-mail Address
4. Facility Address (continued)			14. Correspondent (name and title)	
5. City	State	ZIP Code	15. Correspondent Telephone Number ( )	16. Correspondent FAX Number ( )
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)	
7. Mailing Address (continued)			18. Website (URL)	
8. City	State	ZIP Code		

19. Type of Ownership
☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation/Limited Liability Company ☐ Nonprofit ☐ Other_____

20. Owner's Name / Corporate Name (if applicable)	State of Incorporation
21. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles

22. Type of Water Dispensed
☐ A—Drinking ☐ J—Purified by Deionization ☐ K—Purified by Reverse Osmosis ☐ M—Other: _____

23. Source Water District Name	24. Number of Machines Licensing

25. FOR RENEWAL APPLICANTS ONLY

a. Do you have records of required coliform and total dissolved solids (TDS) analyses available at each service location? ..... ☐ Yes ☐ No
If no, please explain on a separate sheet.

b. Do you have records of consumer complaints and their resolution at each service location?..... ☐ Yes ☐ No
If no, please explain on a separate sheet.

Water Machine Serial Number (use separate sheet if necessary)	Manufacturer	Model Number

Name of Evaluation Certification Agency	Certificate Issue Date	Expiration Date

ALL APPLICANTS:
In order to receive a license from this Department, you must submit a copy of the **coliform test results** (and also test results for total dissolved solids ((TDS)) if your Water Vending Machine dispenses "Purified Water"). **These test results must come from a certified laboratory.**
NEW APPLICANTS:
In order to receive a license from this Department, you must submit a copy of **an evaluation certificate or letter of compliance** for each Water Vending Machine from the independent authority approved by FDB, the National Automatic Merchandising Association or NAMA; phone 626-229-0900, **and Color-photographs of the machine** that clearly show the full front of the machine and all information appearing on stickers and/or labels affixed to the machine.

LICENSE FEE: $40.00 PER MACHINE (Fee is Non-Refundable)	**MAKE CHECKS PAYABLE TO: CA DEPARTMENT OF PUBLIC HEALTH** See Page 2 for Mailing Address.

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

26. Signature	Date
Print Name	Print Title

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount
				$

Fund 0177 Index 5625 PCA 76217 Receipt Source 125700 Agency Source 47

Water Vending Machine Operator License Application Instructions

Please Type or Print your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Water Vending Machine Operator 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 Water Vending Machine Operator License and you are renewing that license. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter the 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.

9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter the daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter the facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **Website:** Enter the website address for your business if applicable.
19. **Type of Ownership:** Place an (X) in the box adjacent to the description of how your business is legally owned.
20. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
21. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
22. **Type of Water Dispensed:** Place an (X) in the box adjacent to the types of water products you dispense.
23. **Source Water District Name:** Enter the name of the water district providing the source water for your machines.
24. **Number of Machines Licensing:** Enter the number of machines that you are licensing.
25. **For Renewal Applicants Only:** Answer yes or no to questions a. and b. by placing an (X) in the box adjacent to the correct answer. Enter the water machine serial number, machine manufacturer, machine model number, name of evaluation certification agency, certificate issue date, and certificate expiration date. Attach a separate sheet if additional space is needed.
26. **Sign the application, enter date signed, and print your name and title.**

** **LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LOCATIONS OR ENTITIES**

MAKE CHECKS PAYABLE TO: **CA DEPARTMENT OF PUBLIC HEALTH**

MAIL APPLICATION AND CHECK 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 (916) 650-6500 if you have additional questions about this application or the required attachments.