

BOTTLED WATER DISTRIBUTOR 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	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)		18. FDA CFN or FEI Number
7. Mailing Address (continued)			19. Website (URL)		
8. City		State	20. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		ZIP Code
21. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____					
22. Corporate Name (if applicable)			State of Incorporation		
23. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles		

24. 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"/> M—Other _____
<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)	

25. Bottler's Name (Attach additional sheets if necessary.)				Bottling Plant License Number	
Address of Bottler (number, street, suite number/letter)			City		State
					ZIP Code

26. List all Product Brand Names Distributed and Attach Labels (Attach a separate sheet if necessary.)

LICENSE FEE: \$473.00
(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.

27. Signature	Printed Name	Title	Date
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PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Instructions for Completing the Bottled Water Distributor License Application

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 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, 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. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **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.
21. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
24. **Bottled Water Products:** Place an (X) in the box adjacent to the types of water products this firm distributes.
25. **Bottler's Name and Address:** Enter the name of the licensed bottler that you obtain water from, including their address and license number. Attach a separate sheet if more space is needed.
26. **Product Brand Names:** List all product brand names that are distributed by this firm. Attach a separate sheet if additional space is needed. Provide copies of each label when you submit the license application.
27. **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:

CALIFORNIA 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.