PRIVATE WATER SOURCE OPERATOR LICENSE APPLICATION

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

☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ OWNERSHIP CHANGE

1. Name of Firm			9. Business Operator (name and title)	
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Business Telephone Number	11. Business 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. Interstate Commerce ☐ Product Shipped ☐ Product or Raw Materials Received ☐ N/A	

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

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

23. Type of Source
☐ D—Mineral Well ☐ G—Spring Source ☐ H—Artesian Well ☐ L—Well ☐ M—Other:

24. FOR RENEWAL APPLICANTS ONLY:

A. Do you sell water at retail in bulk from these premises? ☐ Yes ☐ No
B. Do you sell water in bulk to other firms to package or distribute? ☐ Yes ☐ No
C. Do you distribute water in bulk at retail to customer containers or bulk water systems? ☐ Yes ☐ No
D. Do you package water for distribution? ☐ Yes ☐ No

25. List name(s) of businesses you provide water to (attach a separate sheet of paper if more space is needed):

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.

26. Signature	Date
Printed Name	Print Title

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount
				$

Fund 0177 Index 5625 PCA 76203 Receipt Source 125700 Agency Source 51

Private Water Source 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 Private Water Source 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 Private Water Source Operator License for this location and you are renewing that license. If this firm has changed ownership, please submit a new application for licensure of that facility.

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. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
10. **Business Telephone Number:** Enter the daytime business telephone number for your business.
11. **Business FAX Number:** Enter your business 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. **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.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
21. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation, if applicable.
22. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
23. **Type of Source:** Place an (X) in the box adjacent to the type of source water you are requesting licensure for.
24. **For Renewal Applicants Only:** Answer yes or no to questions A through D by placing an (X) in the box adjacent to your answer.
25. **List the Businesses You Provide Water To:** List each business that you sell or provide water to. Attach additional sheets if more 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: **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) 324-2170 if you have additional questions about this application.