Water Bottling Plant License Application Checklist

If you are a **New In-State 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**
- ☐ **Plant schematic diagram and/or process flow**
- ☐ **Payment of $1,748.00** in the form of a check made payable to CA Department of Public Health
- ☐ **CDPH 8603 application** (**fully completed**), Pages 1-2
- ☐ **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 a **New Out-State Applicant (including bottlers located in foreign countries)**, in addition to the above requirements, please follow this additional checklist:

- ☐ **Source Water Information (if using a private water source, a hydrogeological report needs to be conducted). For more details, see our License Procedure.**
- ☐ **Water Bottling Plant Permits and Operation Information**

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 in the form of a check** made payable to **CA Department of Public Health**
  $619.00 (if weekly gallonage is **less** than 5,000 gallons per week)
  $1,748.00 (if weekly gallonage is **more** than 5,000 gallons per week)
- ☐ **CDPH 8603 application** (**fully completed**), Pages 1-2
- ☐ **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

All fields must be completed. Incomplete applications will result in delayed license issuance.

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. Mailing City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. Facility City	State	ZIP Code	10. Website (URL)		

Authorized Representatives:

11. Owner or Manager Name	12. Telephone Number	13. Emergency Number	14. E-Mail Address
15. Contact Name for Facility	16. Telephone Number	17. Alternate Cell Phone #	18. E-mail Address

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. Corporate Name (if applicable)	State of Incorporation

22. Owners' and/or Corporate Officers' Names	Owners' and/or Corporate Officers' Titles

23. Bottled Water Products (check all that apply and attach labels and a copy of your Title 21 test results)

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

24. Average weekly gallonage production for the last year. (Required): _____

Average weekly production is determined by dividing the total number or gallons either in or shipped into California by 52. (New applicants may estimate for their first year.)

- Continue -

25. List All Product Brand Names Bottled at this Facility (attach a separate sheet if necessary)

26. Water Source(s): ☐ Private Water ☐ Municipal Water

27. Name of Private Source(s) or Municipal 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

28. License Fee (Fee is Non-Refundable)

☐ New Applicant—$1,748.00
☐ Renewal Applicant—$619.00—Less Than 5,000 Gallons/Week
☐ 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.

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.

29. Owner's Signature	Owner's Printed Name	Title OWNER/	Date

-End of Application-

Please review your application to ensure all fields have been completed.

Do Not Write Below This Line. CDPH FDB use only.

License Number	Expiration Date	Date Received	Payment Type	Amount $

Instructions for Completing the Water Bottling Plant Application
(Do not send instructions with completed 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.-14. **Owner's or Manager's Contact Information:** Enter the owner's or manager of facility's telephone number, emergency number where the facility may be reached in the event of an emergency, and e-mail address.

15-18. **Facility Representative's Contact Information:** Enter the facility's representative's name. phone number, alternate cell phone number, and e-mail address.

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:** If applicable, enter the corporate name here.
22. **Owners' and/or Corporate Officers' Names and Titles:** List the business owners' or officers' names and titles.
23. **Bottled Water Products:** Place an (X) in the box adjacent to the types of water products handled and processed at this facility.
24. **Average Weekly Gallonage:** Enter the average weekly gallonage of water processed at this facility or estimate the weekly gallonage if new license applicant.
25. **Product Brand Names:** List all product brand names that are bottled at this facility. Attach a separate sheet if additional space is needed.
26. **Water Source:** Place an (X) in the box adjacent to the water source(s) used by this bottling plant.

27. **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.

28. **License Fee:** Place an (X) in the box next to the proper fee category for this bottling plant:
    a) New Applicant—$1,748.00
    b) Renewal Applicant—$619.00—Less Than 5,000 Gallons/Week
    c) Renewal Applicant—$1,748.00—More Than 5,000 Gallons/Week

29. **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.

Please make all checks payable to: **CA Department of Public Health** 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

Contact the Food and Drug Branch at FDBFood@cdph.ca.gov if you have additional questions about this application.