

Water Vending Machines Operator License Application Checklist

ALL APPLICANTS MUST COMPLETE SECTIONS #1 - #29 ON THE CDPH 8604 APPLICATION TO PROCESS THEIR LICENSE

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

- ☐ **Water Tests from a Certified Environmental Laboratory Accreditation Program (ELAP) Laboratory** (§111145b). [List of ELAP laboratories](#).
 - ☐ **Total Coliform test results within the last six months**
 - ☐ **Total Dissolved Solids (TDS) test results**; If advertised as “Pure” or “Purified”, or explicitly in your firm name, please submit TDS results in addition to Coliform.
- ☐ **Photographs of each machine** that shows required consumer information statements in **both** English and Spanish (Health and Safety Code §111170)
- ☐ **Payment of \$53.00 per machine** in the form of a check made payable to:
CA Department of Public Health
- ☐ **CDPH 8604 application (fully completed)**, continued on the next page.
- ☐ **Mail all documents checked above 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
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If you are **Renewing** your existing license, please follow this checklist:

- ☐ **Water Tests from a Certified Environmental Laboratory Accreditation Program (ELAP) Laboratory** (§111145b). [List of ELAP laboratories](#).
 - ☐ **Total Coliform test results within the last six months**
 - ☐ **Total Dissolved Solids (TDS) test results**; If advertised as “Pure” or “Purified”, or explicitly in your firm name, please submit TDS results in addition to Coliform.
- ☐ **Payment of \$53.00 per machine** in the form of a check made payable to:
CA Department of Public Health
- ☐ **For New/Replacement machines, please provide photographs** that shows required consumer information statements in **both** English and Spanish (Health and Safety Code §111170)
- ☐ **CDPH 8604 application (fully completed)**, continued next page.
- ☐ **Mail all documents checked above 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
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WATER VENDING MACHINE OPERATOR 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**
 ☐ **ADDING NEW or REPLACEMENT MACHINE(S)**
☐ **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 and/or Manager Name	12. Telephone Number	13. Emergency Number	14. E-Mail Address
15. Facility Representative Name	16. Telephone Number	17. Alternate Cell Phone #	18. E-mail Address

19. Type of Ownership

☐ Individual/Sole Proprietorship
 ☐ Partnership
 ☐ Corporation
 ☐ Limited Liability Company
 ☐ Nonprofit
☐ Other:

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

22. Type of Water Dispensed (If advertised as "Pure" or "Purified", or explicitly in your firm name, please submit Total Dissolved Solids (TDS) results in addition to Coliform.)

☐ A—Drinking
 ☐ J—Purified by Deionization
 ☐ K—Purified by Reverse Osmosis
☐ M—Other:

23. District or Authority Name of Water Source	24. Number of Water Vending Machines in Operation

- Continue -

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
- 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.
- c) Did you replace your Water Vending Machine(s) since your last renewal? ☐ Yes ☐ No

Serial Number (use separate sheet if necessary)	Inside Facility	Outside Facility	Machine Manufacturer	Machine Model

26. Does your water vending machine comply with construction and performance standards according to the California Health and Safety Code [\(HSC\) 111090](#)? **Please refer to HSC 111090 for a complete list of requirements.** ☐ Yes ☐ No

27. Does your water vending machine comply with labeling and advertising requirements according to [HSC 111170](#)? **Please refer to HSC 111170 for complete list of requirements.** ☐ Yes ☐ No

LICENSE FEE: \$53.00 PER MACHINE
(Fee is Non-Refundable)

MAKE CHECKS PAYABLE TO:
CA DEPARTMENT OF PUBLIC HEALTH
See Page 4 for Mailing Address.

ALL APPLICANTS: To receive a license from this Department, you must submit a copy of the **Coliform test results**. If your Water Vending Machine dispenses “Purified Water”, you must also submit a copy of the Total Dissolved Solids (TDS) test results. **These test results must come from a certified laboratory** ([List of ELAP laboratories](#)).

NEW APPLICANTS or NEW/REPLACEMENT MACHINES: To receive a license from this Department, you must submit **photographs you’re your machine(s)** that clearly show the full front of the machine and all information on stickers and/or labels affixed to the machine.

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.

28. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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-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 \$
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Instructions for Completing the Water Vending Machine Operator License 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 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 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. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
20. **Corporate Name & State of Incorporation:** If applicable, enter the corporation's name and the state of incorporation.
21. **Owners' and/or Corporate 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. Please make sure to include your water test results in your application packet. Test results must be from an [ELAP accredited laboratory](#).
23. **District or Authority Name of Water Source:** Enter the name of the water district or authority providing the source water for your machines.
24. **Number of Water Vending Machines in Operation:** Enter the number of machines that are operating.
25. **For Renewal Applicants Only:** Answer yes or no to questions a. – c. by placing and (X) in the box adjacent to the correct answer. Specify if your machine(s) are located inside or outside of your facility. Enter the water machine serial number, machine manufacturer, and machine model number. Attach a separate sheet if additional space is needed.

26. **Performance and Construction Standards:** Answer yes or no if your water vending machine complies with construction and performance standards according to the [HSC 111090](#).
27. **Labeling and Advertising:** Answer yes or no if your water vending machine complies with labeling and advertising requirements according to the [HSC 111170](#).
28. **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.

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: 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.