

WATER VENDING MACHINE OPERATOR LICENSE APPLICATION
Incomplete applications will be returned. 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. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

11. Interstate Commerce: Product Shipped Product or Raw Materials Received N/A

12. Type of Ownership
 Individual/Sole Proprietorship Partnership Corporation Limited Liability Company Nonprofit
 Other:

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

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

16. Source Water District Name	17. Number of Machines Licensing
--------------------------------	----------------------------------

18. 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.

Water Machine Serial Number (use separate sheet if necessary)	Manufacturer	Model Number
Name of Evaluation Certification Agency	Certificate Issue Date	Expiration Date

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: In order to receive a license from this Department, you must submit a copy of the **coliform test results** (and 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; E-Mail at MEP@namanow.org or 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.

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.

19. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
-----------------------	----------------------	-----------------	------

Authorized representatives and/or signatories:

20. Business Operator Name	21. Telephone Number	22. Emergency Number	23. E-Mail Address
24. Correspondent Name	25. Telephone Number	26. Alternate Phone#	27. E-mail Address

-End of Application-

Please note: All boxes must be completed. Incomplete applications will be returned.

Do Not Write Below This Line

License Number	Expiration Date	Date Received	Payment Type	Amount \$
----------------	-----------------	---------------	--------------	--------------

Instructions for Completing the Water Vending Machine Operator License 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. **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.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **Type of Water Dispensed:** Place an (X) in the box adjacent to the types of water products you dispense.
16. **Source Water District Name:** Enter the name of the water district providing the source water for your machines.
17. **Number of Machines Licensing:** Enter the number of machines that you are licensing.
18. **For Renewal Applicants Only:** Answer yes or no to questions a. and b. by placing and (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 certification expiration date. Attach a separate sheet if additional space is needed.
19. **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.
20. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
21. **Business Telephone Number:** Enter the daytime business telephone number for your business.
22. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.
23. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
24. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.

- 25. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
- 26. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
- 27. **Correspondent E-mail Address:** Enter the facility e-mail address.

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: <u>CA Department of Public Health</u>			
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

Call the Food and Drug Branch at (800) 495-3232 if you have additional questions about this application.