

The Commonwealth of Massachusetts

Executive Office of Health and Human Services Department of Public Health Bureau of Environmental Health Food Protection Program 305 South Street, Jamaica Plain, MA 02130-3597

Tel.: (617) 983-6712 Fax: (617) 524-8062

Application for Licensure to Operate Water Vending Machine (WVM)

in Accordance with M.G.L. C.94, § 309

Return To: Food Protection Program, 305 South St., Jamaica Plain, MA 02130

Complete the entire two-page application form.	Totalii 10. 1 000 1 10totioii 1 10t	Jiani, 303 30utii St., Samaica i lani, MA 02130			
Complete the entire two-page application form. Submit a separate application for each location to be licensed. A list of all machines, including street address and location within the building shall be made available upon request. An eastly readable label or sign bearing the operator's license number, company name and service telephone number shall be conspicuously displayed at each machine location. Attach a separate check for \$10.00 for each license application, made payable to: The Commonwealth of Massachusetts. 1. Business Name: 2. Telephone #: () Ext Fax #: () Email Address (mandatory): 3. D.B.A. (Doing Business As): 4. Mailing Address: 5. Vending Unit Location (if different from Mailing Address): 6a. Water Source Information: (check appropriate boxes) Manicipal owned Privately owned Privately owned Privately owned PWS Address: PWS Address: PWS Address: PWS Address: PWS Phone #: () PWS E-mail:	Instructions:	Duraido Choole es			
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Municipal owned	Co. Water Course Information (1)	(d If MassDED aggressed asymptote the following)			
PWS Name:					
6b. Where is water source located? On site Or nucked in from PWS Phone #: (PWS Name:			
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· ·		7 No			

11. Bulk Water Transportation Com	pany Name:			
Contact Person Name				
Address:				
Phone#: ()	Ext	E-mail:		
	_			
12. Name of Certified Drinking Wat	ter Operator:			
Board of Certification Drinking	Water Opera	tor License #:		
Grade: Evn	iration Date	/ /		
Grade LAP	nation Date_	, ,		
			T	
Ownership		Name	Address	
13. Individual				
14. Partnership				
•	A.		A.	
	B.		B.	
15. Corporation:				
13. Corporation.				
A) President	A.		A.	
A) Tresident				
B) Treasurer	B.		B.	
b) Heasurer				
C) Clerk	C.		C.	
C) CICIK	<u> </u>			
16 If A1: t : C t :	A C4-4-	S1	Dete of Lorenzo metions / /	
16. If Applicant is a Corporation A. State of Incorporation: B. Date of Incorporation: //				
I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable				
laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury				
that I, to my best knowledge and bel	ief have file	d all state tay returns and naid	all state taxes required under law	
that 1, to my best knowledge and ber	ner, nave me	a an state tax returns and para	an state taxes required under law.	
/ /				
/ Date	Owner or Corporate Officer			
IC 1 - i I - 1 - i 1 1 C -	- i - 1 C i 4	П.		
If applying as an Individual, your So				
Tax or Federal I.D#:				
APPLICATION FEE: \$10.00 per Ver application shall be transferred or assign		ch unit requires a separate applic	eation form. No license issued pursuant to this	
NOTE 1: Copies of the Massachusetts O House Bookstore located in Boston (61)			egulations may be obtained from the State ingfield (413-784-1376).	
NOTE 2:To obtain a Massachusetts De				

One Winter Street, 5th Floor, Boston, MA 02108, Phone #: 617-292-5770.

Email: Program.director-dwp@state.ma.us Website: http://www.mass.gov/eea/agencies/massdep/water/drinking/

(800-462-0444). For additional information, contact: MassDEP/Drinking Water Program