



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

Instructions:

- 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 easily 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.**

**Provide Check or
Money Order Number:**

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)

- ☐ Municipal owned
☐ Privately owned

6b. Where is water source located?

- ☐ On site
☐ Trucked in from _____

6c. Who approved the water source?

- ☐ MassDEP
☐ Other, please specify _____

6d. If MassDEP approved, complete the following:

Public Water System (PWS) ID # _____

PWS Name: _____

PWS Address: _____

PWS Phone #: () _____

PWS E-mail: _____

**Please attach a copy of the MassDEP approval letter
to this application.**

6e. Water Source:

Groundwater: ☐ Well ☐ Spring

Surface water: ☐ River ☐ Lake ☐ Reservoir

7. Water Vending Unit: Model Name: _____ Model Number: _____

Water Vending Machine (WVM) PWS ID #: _____

8. WVM Manufacturer Name: _____

Address: _____ MassDEP New Technology Approval Date: ____ / ____ / ____

9. Water Treatment: (check all that apply)

- ☐ Physical Filters ☐ UV Disinfection ☐ Carbon Filters ☐ Distillers

☐ Water Softeners

☐ Reverse Osmosis

☐ Ozone

Other _____

(please list)

10a. Is the drinking water fluoridated? ☐ Yes ☐ No

10b. Is the drinking water disinfected? ☐ Yes ☐ No

11. Bulk Water Transportation Company Name: _____ Contact Person Name _____ Address: _____ Phone#: (____) _____ Ext _____ E-mail: _____
12. Name of Certified Drinking Water Operator: _____ Board of Certification Drinking Water Operator License #: _____ Grade: _____ Expiration Date ____ / ____ / ____

Ownership	Name	Address
13. Individual		
14. Partnership	A. _____ B. _____	A. _____ B. _____
15. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ B. _____ C. _____
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 belief, have filed all state tax returns and paid all state taxes required under law.

 / /
 Date

 Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D#: _____

APPLICATION FEE: \$10.00 per Vending Unit. Each unit requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

NOTE 1: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).

NOTE 2: To obtain a Massachusetts Department of Environmental Protection (MassDEP) application package with all the necessary forms and instructions on how to apply for MassDEP permits, contact the MassDEP Infoline at (617-338-2255) or (800-462-0444). For additional information, contact: MassDEP/Drinking Water Program
 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/>