



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
(617) 983-6712 (617) 524-8062 - Fax

Application for Permit for In-State and Out-of-State Manufacturer of Bottled Water or Carbonated Nonalcoholic Beverages to be Sold and Distributed.

In Accordance with M.G.L. C.94, § 10A and/or 105 CMR 500.000

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

Check one that applies:

IN-STATE OPERATION (\$37.50)

Please submit with the fee

OUT OF STATE (\$300.00)

Please wait for approval letter

<i>Instructions:</i> <ul style="list-style-type: none"> • Complete the entire five-page application form. • Submit all required source and finished product analysis. • Submit labels for all products to be sold in Massachusetts. • <i>In-state only: Contact the local health department concerning permit fees in the city or town that the product is manufactured.</i> • Attach a check made payable to: The Commonwealth of Massachusetts. 		Provide Check or Money Order Number:			
1. Business Name:		2. Tel. #: () Ext. _____ Fax #: ()			
3. D.B.A. (Doing Business As):					
4. Mailing Address:					
5. Plant Address (if different from #4):		6. Tel. #: () Ext. _____ Fax #: ()			
7. Responsible Contact Person: Tel. #: () Ext. _____		8. 24-hour Emergency Telephone #: () Ext. _____ Email Address (mandatory): _____			
9. Application Type (check one)					
9a. New Permit		9b. Permit Renewal			
		9c. If a Renewal, Current Permit #: _____			
Ownership		Name		Address	
10. Individual					

Ownership	Name(s)	Address
11. Partnership		
12. Corporation: A) President B) Treasurer C) Quality Assurance Manager	A. B. C.	A. B. C.
13. If Applicant is a Corporation:	13a.) State of Incorporation:	13b.) Date of Incorporation: / /
<p>14. Bottled Water and Carbonated Non-alcoholic Beverages Please provide the following information. The type of water source and product name must meet the definitions as described in 105 CMR 500.003, Regulations for the Manufacture, Collection, and Bottling of Water and Carbonated Nonalcoholic Beverages. Use additional sheets if necessary.</p> <p>A. Bottled Water</p> <p>(1.) Type of Water Source: public artesian well spring (check all that apply)</p> <p>(2.) Location of water source, list by source type:</p> <p>Name of Source: _____ Type of Source: _____ Street: _____ City, State, ZIP: _____</p> <p>Name of Source: _____ Type of Source: _____ Street: _____ City, State, ZIP: _____</p> <p>(3.) Name and Address of the owner of each water source, if different from the plant owner:</p> <p>Name of Source: _____ Type of Source: _____ Street: _____ City, State, ZIP: _____</p> <p>Name of Source: _____ Type of Source: _____ Street: _____ City, State, ZIP: _____</p> <p>(4.) Treatment (check all that apply): coagulating system, e.g. ferrous sulfate and lime (please specify) greens and filtration addition of Potassium Permanganate chlorine ultra violet light activated carbon filtration ozonation sand filtration ion exchange reverse osmosis one micron filtration one micron absolute filtration Other (please specify): _____</p> <p>(5.) Brand and Product name under which bottled water is sold in Massachusetts. Specify source for each product. _____ _____ _____</p>		

B. Carbonated Beverages

(1.) Type of Water Source: public artesian well spring (check all that apply)

(2.) Location of water source, list by source type:

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

(3.) Name and Address of the owner of each water source, if different from the plant owner:

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

(4.) **Treatment** (check all that apply): coagulating system, e.g. ferrous sulfate and lime (please specify)

greens and filtration	addition of Potassium Permanganate	chlorine
ultra violet light	activated carbon filtration	ozonation
sand filtration	ion exchange	reverse osmosis
one micron filtration	one micron absolute filtration	

Other (please specify): _____

(5.) Brand and Product name under which carbonated beverages are sold in Massachusetts. Specify source for each product.

_____	_____
_____	_____
_____	_____
_____	_____

(6.) List all other types of products (dairy, juice, etc.) that your plant bottles:

15. Supplemental Information for Bottled Water and Carbonated Beverages

The following information must be provided with each application.

a. Water supply - Private Water Supply:

1. All plants producing bottled water or producing carbonated nonalcoholic beverages from a **private water supply** must provide **copies of analyses for non-treated source water and finished water**, which includes **chemical, microbiological, physical and radiological** parameters as prescribed in 105 CMR 500.093. The microbiological analysis must have been performed within **30 days** prior to the date of this application. All other analyses must have been performed within **twelve months** prior to the date of this application.

b. Water Supply - Public Water Supply:

1. If the water is a **public water supply**, a letter from the public water supply stating that their water meets all U.S. EPA Standards for drinking water *unless* it is then treated beyond minimal treatment, **copies of analyses for source water**, which includes **chemical, microbiological, physical and radiological** parameters as prescribed in 105 CMR 500.093(A)(1)(a) and (b) must be provided in addition to **copies of analyses for finished water**. The microbiological analysis must have been performed within **30 days** prior to the date of this application. All other analyses must have been performed within twelve months prior to the date of this application.

c. Labels for each container size and brand name of the product that are **sold in Massachusetts**.

If there are requirement questions, please contact the Food Protection Program at 617-983-6712.

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(ies) for which I am applying. In addition, pursuant to M.G.L. Chapter 62C, s. 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 (print name)

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

Tax or Federal I.D. # _____

NOTE: 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.