

Retail Water Facility License Application Checklist

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

- ☐ **Coliform Test—**
Certified from an Environmental Laboratory Accreditation Program (ELAP) Laboratory (§111145b). [List of ELAP laboratories](#).
- ☐ **Total Dissolved Solids (TDS) test results** (If you are selling purified water) (§111145c)
- ☐ **Volatile Organic Compounds (VOC) test results** (§111150)
- ☐ **Lead in Water test results**
- ☐ **Payment of \$711.00** in the form of a check made payable to CA Department of Public Health
- ☐ **[CDPH 8602](#) application** (fully completed; all fields both pages), continued next page.
- ☐ **Mail all the documents checked above to:**
CDPH Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899

If you are **Renewing** your existing license, please follow this checklist:

- ☐ **Coliform Test—Certified from an ELAP Laboratory within the last 6 months.** [List of ELAP laboratories](#).
- ☐ **Total Dissolved Solids (TDS) test results** (If you are selling purified water)
- ☐ **Payment of \$711.00** in the form of a **check** made payable to CA Department of Public Health
- ☐ **[CDPH 8602](#) application** (fully completed; all fields both pages), continued next page.
- ☐ **Mail all the documents checked above to:**
CDPH Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899

RETAIL WATER FACILITY 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**
☐ **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 or Manager Name	12. Telephone Number	13. Emergency Number	14. E-Mail Address
15. Contact Name for Facility	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. Do you have a Water Vending Machine at your facility? ☐ Yes ☐ NoIf yes, is your machine: ☐ Inside facility ☐ Outside facility (accessible after hours)

23. Water Treatment Used

☐ Carbon Filtration ☐ Deionization ☐ Distillation ☐ Membrane Filtration ☐ Ozonation
☐ Reverse Osmosis ☐ Ultraviolet ☐ Other:

24. Water Products (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 ☐ B—Distilled ☐ J—Purified by Deionization ☐ K—Purified by Reverse Osmosis
☐ M—Other:

- Continue -

25. Is your Water Source Public Water? ☐ Yes ☐ No

If yes, please provide the name of water district:

26. Is your Water Source from Private Water? ☐ Yes ☐ No

If yes, please provide operator's CDPH license number:

LICENSE FEE: \$711.00
(Fee is Non-Refundable)**MAKE CHECKS PAYABLE TO:**
CA DEPARTMENT OF PUBLIC HEALTH
See Page 4 for Mailing Address.

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.

27. 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 Retail Water Facility 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 Retail Water Facility 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 Retail Water Facility 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.
- Water Vending Machine:** Place an (X) in the box indicating whether or not you have a water vending machine at your facility; Place an (X) in the box indicating whether your machine is located inside the facility or if it is accessible from outside the store.
- 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.
23. **Water Treatment Used:** Place an (X) in the box adjacent to the type of water treatment(s) used in this facility.
- Water Products:** Place an (X) in the box adjacent to the water products at this facility. If advertised as "Pure" or "Purified", or explicitly in your firm name, please submit Total Dissolved Solids (TDS) results in addition to Coliform.
24. **Public Water Source:** Place an (X) in the box adjacent to the correct answer. If you answer yes, please provide the name of the water district.
- 25.

26. **Private Water Source:** Place an (X) in the box adjacent to the correct answer. If you answer yes, please provide the CDPH Private Water Source Operator's License Number.

27. **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.

Please make all check payable to: CA Department of Public Health Mail Application and check 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.