

BULK OR BOTTLED WATER ESTABLISHMENT APPLICATION

PURSUANT TO N.J.A.C. 8:21-5.15(b)

BOTTLER BULK WATER FACILITY

Complete all information. Submit your completed application and all required attachments via email to: bottled.water@doh.nj.gov

- | | |
|---|---|
| <input type="checkbox"/> NEW APPLICANT
<input type="checkbox"/> OWNERSHIP CHANGE – Effective Date:
<input type="checkbox"/> ADD/CHANGE SOURCE | <input type="checkbox"/> RENEWAL APPLICANT – Current Expiration Date:
<input type="checkbox"/> RELOCATION – Effective Date:
<input type="checkbox"/> DEACTIVATE CERTIFICATION (complete last page only) |
|---|---|

Name of Applicant Business (as it will appear on the permit)				Mailing Address			
DBA (as it will appear on the permit)				Mailing Address (line 2)			
Address of applicant bulk or bottled water processing facility				Mailing City		State	ZIP
City	State/Province	ZIP	Country	Federal Employer ID		NJ Certification # (if not new)	

OUT-OF-STATE FACILITIES

If the applicant bulk or bottled water facility is located outside of New Jersey, indicate the name of the agency that inspected the facility and the date of the most recent inspection.

Name of Inspection Agency	Date of most recent inspection
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OWNERSHIP INFORMATION

Identify each owner or parent entity that has beneficial interest and has management and control of the applicant business and identify its authorized agent. Attach a separate page as needed.

- Sole Ownership
 Partnership
 Corporation
 Limited Liability Company
 Trust or Government Agency

Name of Owner	% Owned	Federal Employer ID
Name of Authorized Agent		Phone Number

DESIGNATED REPRESENTATIVE

The designated representative serves as the primary contact person for the applicant bulk or bottled water establishment with the Department, and who is responsible for managing the company’s operations at the applicant operating location. A designated representative must be employed full-time in a managerial position; be physically present at the facility during normal business hours; and is knowledgeable about all policies and procedures pertaining to the bulk or bottled water operations.

Full Legal Name of Designated Representative	Direct Contact Email Address
Title	Direct Contact Phone Number

FACILITY OPERATIONS

Check all that apply to the applicant bulk or bottled water establishment.

Facility Operation	<input type="checkbox"/> Bottler	<input type="checkbox"/> Bulk Water Facility
Water Sources	Indicate the total number of water sources utilized by the applicant facility:	
Interstate Commerce	<input type="checkbox"/> Product Shipped	<input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A
Product Types Produced	<input type="checkbox"/> Artesian Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Mineral Water <input type="checkbox"/> Well Water <input type="checkbox"/> Sparkling Water <input type="checkbox"/> Spring Water <input type="checkbox"/> Sterilized Water <input type="checkbox"/> Purified Water (check one below) <input type="checkbox"/> Deionized Water <input type="checkbox"/> Distilled Water <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Other Purified Water (please specify):	
Treatment Processes	<input type="checkbox"/> Distillation <input type="checkbox"/> Deionization <input type="checkbox"/> Filtration (filter size:) <input type="checkbox"/> Ozonation <input type="checkbox"/> Gas Filtration <input type="checkbox"/> Sub-Micron Filtration (filter size:) <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> GAC Filtration <input type="checkbox"/> UV Irradiation	
Production Rates	Annual production in gallons: Maximum monthly production in gallons:	

TREATMENT PROCESS DESCRIPTION

For each Treatment Process checked above, provide a detailed description of the process. Attach an additional page as needed.

CONVEYANCE OF BULK WATER

If you checked *Bulk Water Facility* under Facility Operation, briefly describe the method of conveyance of bulk water including the type of vehicle(s) used.

BOTTLED WATER BRANDS

If you checked *Bottler* under Facility Operation, list all brand names produced by the applicant bottled water establishment. For each brand, include the product type as checked under *Product Types Produced*. Attach an additional page as needed.

Brand Name	Product Type	Container Sizes

NEW JERSEY DISTRIBUTION AND WHOLESALE WAREHOUSES

List the name and address of each company in New Jersey that is responsible for the wholesale distribution or storage of bulk or bottled water. Attach an additional page as needed.

Name of Wholesale or Distribution Company	New Jersey Address

REQUIRED ATTACHMENTS

The below attachments are required. Each attachment must be in English or accompanied by an English translation.

- For **each** water source, attach a separate Form F-51: Registration of Bottled Water Source
- For **each** Product Type as above, attach a separate analysis report and corresponding Form F-50: Analysis Reporting Summary
- For **each** bottled water brand and container size, attach a complete product label (*Bottler* operation only)

APPLICATION FEE

Enter the total number of sources utilized by the applicant facility:

Renewal Applicants – \$650/source

New and all other applicants – \$1000/source

Pay your application fee online at: nj.gov/health/ceohs/phfpp/bottledwater

After successful online payment, you will receive an email receipt. Indicate your receipt information below. Online payment alone is not sufficient to renew your license.

PAYMENT CONFIRMATION #

AMOUNT

DATE OF PAYMENT

AFFIDAVIT

I hereby certify that the information given in this application is true and complete. I certify that I will distribute and offer for sale only bottled water and/or bulk water that conforms with the rules and regulations of the State of New Jersey as specified in N.J.A.C. 8:21-5, Subchapter 5.

Name of owner or officer of the applicant business	Title
Phone Number (for licensing inquiries)	Email Address (for licensing inquiries)
Signature	Date

Submit completed application and all required attachments via email to: bottled.water@doh.nj.gov

For more information, visit our website: nj.gov/health/ceohs/phfpp/bottledwater

DEACTIVATION OF BULK OR BOTTLED WATER ESTABLISHMENT CERTIFICATION

Complete this page only to deactivate your license. Submit the form via email to bottled.water@doh.nj.gov.

Name of Certified Business		Certification Number	
DBA or Trade Name			
Facility Address			
Facility City	State/Province	ZIP	Country

REASON FOR DEACTIVATION

- Change of Ownership – Name and address of new owner:
 Business Closed
 Moved to New Location
 No Longer Conducting Wholesale Business
 Other:

EFFECTIVE DATE

Enter the date bottled water operations discontinued:

DISPOSITION OF PRODUCT

Describe, in your own words, what happened to the product that was onsite at the facility address:

AFFIDAVIT

I hereby request deactivation of my license to operate a bottled water establishment.

Full Name of Owner/Officer	Title
Signature	Email Address (for Application Inquiries)