



RI Department of Health

Application and Instructions for:

Bottler, Canner (Water) In-State

Bottler, Canner (Water) Out of State

Applicant Name – (Name of Business) Please Print

Previous Business Name & License Number (If Any) at this address

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations. Regulations can be obtained on our website at: health.ri.gov/programs/bottledwater
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.
- Attach a check/money order to the front of this application and mail to:

Rhode Island Department of Health
Center for Drinking Water Quality
Room 209 - 3 Capitol Hill
Providence, RI 02908-5097

- Make your check/money order payable to “General Treasurer, State of Rhode Island”. Do not send cash. A receipt or cancelled check does not guarantee licensure.

Application Fees:

Bottler, Canner (Water) In State/Out of State	\$550.00
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- If you have any questions concerning this application, call the Department of Health, Center for Drinking Water Quality at (401) 222-6867.
- Licensure application materials are public records as mandated by Rhode Island law and may be available to the public, unless otherwise prohibited by State or Federal Law.
- Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

**State of Rhode Island
Department of Health – Center for Drinking Water Quality**

<p>Name of Business:</p> <p>Please provide the name of the facility (as known to the public) for which you are applying for this license.</p>	<p>Name: _____</p>								
<p>Contact Person:</p> <p>Please provide the name and telephone number of a person we can contact concerning this facility.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr/Mrs/Dr.)</td> <td style="text-align: center; width: 30%;">First Name</td> <td style="text-align: center; width: 30%;">Last Name</td> <td style="text-align: center; width: 15%;">Suffix (Jr/III)</td> </tr> </table> <p>Phone Number: (_____) _____</p>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)				
Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)						
<p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Facility Location Information:</p> <p>Please provide the location information regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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<input type="checkbox"/> Partner									
<p>Ownership Information:</p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

