

RI Department of Health 3 Capitol Hill, Room 209 Providence, RI 02908-5097 www.health.ri.gov

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 <u>Satisfactory Compliance</u> with all applicable laws and regulations. Regulations can be obtained on our website at: <u>health.ri.gov/programs/bottledwater</u>
- 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

- 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					
Name of Business:					
Please provide the name of the facility (as known to the public) for which you are applying for this license.	Name:				
Contact Person:	Name:				
Please provide the name and telephone number of a person we can contact concerning this facility.	Prefix (Mr/Mrs/Dr.) Phone Number:	First Name	Last Name	Suffix (Jr/III)	
Facility Mailing Information: Please provide the mailing information for all communication regarding this license.	Address Line 2 Address Line 3 Address City, State, ZipCode Address Country				
Facility Location	Address Line 1				
Information: Please provide the location	Address Line 2				
information regarding this license.					
	Address Country				
Ownership Type: Please check ONE	Corporation		Limited Liability Company		
	Governmental Entity		Sole Proprietorship		
	Partnership		Limited Partnership		
	Partner				
Ownership Information: Please provide ownership	Name:				
information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	DBA:				

Ownership Address Information: Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 1 Address Line 2 Address Line 3 Address City, State, Zipcode Phone: Fax: Email Address:			
Water Supply:	Does this establishment receive all or a portion of water supply from an on-site well?			
Sewage System:	Is this establishment serviced by a private sewage system (e.g. septic system)?			
Employees:	Number of food handling employees:			
Please indicate the number and types of employees:	Number of non-food handling employees:			
Chain Information:	Is this facility part of a chain operation?			
	Yes No			
SSN/FEIN: (Social Security Number/Federal Employer Identification Number) Please note if you are a sole proprietor this number may be your SSN.	Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.			
Affidavit of Applicant Read, sign, and date this affidavit.	I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island. I further declare that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.			
	Signature Date of Signature (MM/DD/YY)			

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