



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Food Protection Program
 305 South Street, Jamaica Plain, MA 02130-3597
 (617) 983-6712 (617) 524-8062 - Fax

*Application for Permit for Out-of-State Manufacturer
 of Bottle Water or Carbonated Nonalcoholic Beverages to be Sold and Distributed
 in Accordance with M.G.L. C.94, § 10A and/or 105 CMR 570.000*

DIRECTIONS:		
<ul style="list-style-type: none"> • Complete the entire four-page application form. • Submit all required source and finished product analysis and labels for products to be sold in Massachusetts. • See attached letter regarding fee. 		
1. Business Name:		2. Tel. #: ()
		Fax #: ()
3. D.B.A. (Doing Business As):		
4. Mailing Address:		
5. Plant Address (if different from #4):		6. Tel. #: ()
		Fax #: ()
7. Responsible Contact Person:	8. Twenty-four (24) hour Emergency Telephone #: ()	
Tel. #: ()	Email Address: _____	
9. Application Type (check one)		
9a. New Permit <input type="checkbox"/>	9b. Permit Renewal <input type="checkbox"/>	9c. If a Renewal, Current Permit #:
Ownership	Name	Address
10. Individual		_____

11. Partnership	A. _____	A. _____
	B. _____	B. _____

Ownership	Name	Address
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:

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 prescribed in 105 CMR 570.001, Regulations for the Manufacture, Collection, and Bottling of Water and Carbonated Nonalcoholic Beverages. Use additional sheets if necessary.

A. Bottled Water

(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)

- | | | |
|-------------------------------------|--|-----------------------|
| _____ greensand 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 that bottled water is sold in Massachusetts. **Specify source for each product.**

_____	_____
_____	_____
_____	_____

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 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)

greensand 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 that 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.

* Renewal applications are not required to include:

Item 15a. (unless renovations have occurred to the plant)

or Items 15b1. ,or 15b2. Or 15c1 (unless a source is changed or new source is added)

a. A plan of the plant showing the location of all apparatus, including walls, partitions, and all machinery. A site plan showing all abutters to the property of the plant and the types of businesses they operate.

b. Water supply - Private Water Supply:

1. If the water is a private water supply, a copy of a report of the approval of the water source(s) from the appropriate government authorities.
2. A site plan of the water source.
3. 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 570.008 and .009. 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. 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.
2. All plants producing bottled water from a public water supply which is then filtered or treated in any way, must provide copies of analyses for finished water, which includes chemical, microbiological, physical and radiological parameters as prescribed in 105 CMR 570.008 and .009. 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.

d. A copy of a recent (within the preceding 12 month period) sanitation inspection report conducted by the appropriate governmental authorities.

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

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

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.

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