

Application for Certificate of Approval for Bottled or Bulk Water Facilities

1. Name of Company _____		2. Street Address _____		
3. Location (City, Town, Village, State, Country) _____			4. ZIP Code _____	5. County _____
6. Ownership				
a) Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____				
b) Federal Employer Identification Number _____				
7. Identification of Source				
a) Type: <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Municipal Supply <input type="checkbox"/> Other (Specify) _____				
b) Name of Source _____				
c) Owner of Source _____				
City		Town/Village		
d) Location of Source _____				
State		County		Country
8. Describe treatment provided to source water _____				
9. Indicate type of product to be distributed to New York State:				
<input type="checkbox"/> Spring		<input type="checkbox"/> Well	<input type="checkbox"/> Distilled	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Deionized		<input type="checkbox"/> Carbonated	<input type="checkbox"/> Mineral	_____
10. Containers used:				
a) Sizes (Check All Applicable)				
<input type="checkbox"/> Liter		<input type="checkbox"/> Gallon	<input type="checkbox"/> 5 Gallon	
<input type="checkbox"/> 1/2 Gallon		<input type="checkbox"/> 2 1/2 Gallon	<input type="checkbox"/> Other _____	
b) Reusable bottles used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	c. Bottle Size _____
11. Annual Production (Gallons) _____			12. Maximum Monthly Production (Gallons) _____	
13. a) Is this bottling facility used solely for bottling of drinking water? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b) If no, explain other uses: _____				
14. a) Number of production lines used for products to be distributed in New York State: _____			b) List production line numbers: _____	
15. List other states where the company is certified to package and distribute bottled drinking water: _____				
16. a) Is this a new business in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b) How long has the company operated a bottled drinking water business? Years _____ Months _____				

PLEASE TYPE OR PRINT

Name of Owner or Company Designee _____		Title of Owner or Company Designee _____		
Mailing Address (Street) _____		City _____	State _____	ZIP Code _____
Name of Primary Contact Person _____		Title of Primary Contact Person _____		
Telephone Number of Primary Contact Person _____		Email of Primary Contact Person _____		

Signature of Owner or Company Designee _____ Date _____ / _____ / _____