

## 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: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)				
7. Federal Social Security Account No. _____ and/or Federal Employer Identification No. _____				
8. 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	
d. Location of Source		City	Town or Village	
	State	County	Country	
9. Describe treatment provided to source water				
10. 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 _____ <input type="checkbox"/> Deionized <input type="checkbox"/> Carbonated <input type="checkbox"/> Mineral				
11. 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. Which sizes		
12. Annual Production (gallons)		13. Maximum Monthly Production (gallons)		
14. 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:				
15. Number of production lines used for products to be distributed in New York State:				
16. List other states where you are certified to package and distribute bottled drinking water.				
17. a. Is this a new business in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No b. State number of years you have been in the bottled drinking water business _____				

**PLEASE TYPE OR PRINT**

Name of Applicant		Title		
Mailing Address Street		City	State	Zip Code
Name of person to be contacted at bottling facility		Title	Telephone # (      )	

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)