



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
Telephone: 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.nh.gov

RS-403609

APPLICATION FOR BEVERAGE AND BOTTLED WATER LICENSE

NOTE: Payment to be in the form of a check or money order made payable to Treasurer, State of NH.

¹ Full Legal Name Corporation, LLC or Owner(s) _____
(Name to appear on license)

² Bottling Facility name (if different from above) _____

³ Location of Bottling Facility (Street) _____ (Town, State) _____ (Zip) _____

⁴ Telephone Number at Bottling Facility _____

For Correspondence if different than above:

⁵ Mailing Address (if different) _____ (Town, State) _____ (Zip) _____

⁶ Contact Person _____ ⁷ Telephone # _____ ⁸ E-mail# _____

⁹ Emergency After Hours Contact Person and Telephone # _____

¹⁰ Type of License

New Establishment Change of License Class Renewal /Recertification ¹¹ Registration # _____

¹² Class of License/Fee Due

^a **Class 1 (\$300.00)** -Bottlers of more than 5,000 gallons per day, averaged over one year, of beverages or beverage concentrate.

^b **Class 2 (\$175.00)** -Bottlers of more than 500 and less than 2,500 gallons per day, averaged over one year, of beverages or beverage concentrate.

^c **Class 3 (\$75.00)** -Bottlers of not more than 500 gallons per day, averaged over one year, of beverages or beverage concentrate.

***Submit all supporting documentation. Incomplete applications will be returned.**

<input type="checkbox"/>	¹³ Types of Product(s) Bottled (i.e. spring water, juice, soda etc.) _____
<input type="checkbox"/>	¹⁴ Complete Specific List of Product(s) being licensed, including brand names produced at above plant (use additional sheets if necessary). 1. _____ 2. _____ 3. _____ 4. _____
<input type="checkbox"/>	¹⁵ Copies of all product labels not previously submitted/ or changed. (May be submitted electronically on a disc or emailed to the above email address. <i>(If emailing be sure to use the license number then name of licensee in the subject line or labels will electronic labels will not be accepted and application will be returned as incomplete.)</i>)
<input type="checkbox"/>	¹⁶ Copies of any FDA approvals issued relative to labels making claims of medicinal or health giving properties.
<input type="checkbox"/>	¹⁷ If Bottled Water, Source of Water (include name) _____
<input type="checkbox"/>	¹⁸ IF Bottled Water, Copy of complete analysis of both source and finished product.
<input type="checkbox"/>	¹⁹ If Bottled Water, Source of Plant Operations Water (i.e. private well, municipal, approved bottled water) _____

I, (print name & title)^(20, 21) _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: ²² _____ DATE OF APPLICATION: ²³ _____

-----DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY-----Date

App Received _____ Check # _____ Check Amount _____ Date Approved _____

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BEVERAGE AND BEVERAGE CONCENTRATE LICENSE

Please fill in all blanks, if not applicable enter "NA"

1. **Full Legal Name of Corporation, LLC or Owner(s)** - if different from above (name to appear on license).
2. **Bottling Facility Name** - if different from above.
3. **Location of Bottling Facility** - provide location of Bottling Facility to include street number, street name, city/town, state, and zip code.
4. **Telephone Number at Bottling Facility** - provide the telephone number at the Bottling Facility.
5. **Mailing Address** - provide mailing address for correspondence if different than the location of the Bottling Facility.
6. **Contact Person** - provide the name of individual for correspondence if different than the contact person at the Bottling Facility.
7. **Telephone #** - provide the telephone number for correspondence if different than the telephone number at the Bottling Facility.
8. **E-mail** - provide the E-mail address for correspondence.
9. **Emergency After Hours Contact Person and Telephone #** - provide the name and contact information for an individual in case of emergency after hours.
10. **Type of License** - check the appropriate license type that you are applying for.
11. **Current Registration #** - provide current registration number if known, otherwise please leave blank.
12. **Class of License/Fee Due** - check the appropriate class of license and submit the appropriate fee.
 - a. **Class 1** - bottlers of more than 5,000 gallons per day, averaged over a period of one year, of beverages or beverage concentrates.
 - b. **Class 2** - bottlers of more than 500 and less than 2,500 gallons per day, averaged over a period of one year, of beverages or beverage concentrates
 - c. **Class 3** - bottlers of not more than 500 gallons per day, averaged over a period of one year, of beverages or beverage concentrates.
13. **Types of Product Bottled** – indicate type of product(s) i.e. bottled water, juice, soda etc.
14. **Complete Specific List of Products to be Bottled** - provide a list of all products, including brand names produced at above plant; use additional sheets if necessary.
15. **Copies of Labels** – provide copies of all labels (May be submitted electronically on a disc or emailed to the above email address. *If emailing be sure to use the license number then name of licensee in the subject line or labels will electronic labels will not be accepted and application will be returned as incomplete.*)
16. **Copies of any FDA approvals issued relative to labels making claims of medicinal or health giving properties** - provide copies of any approvals if applicable.
17. **Source of Water if Product (if bottled water)** - indicate water source and name if applicable.
18. **Copy of complete analysis of both source and finished product(if bottled water)** - provide copy of water test results
19. **Source of Plant Operations Water** (i.e. private well, municipal, approved bottled water) - Indicate source of water.
20. **Printed Name** - Print full name of Bottling Facility's legal owner, signing application or officer or legal owner who applies for the license.
21. **Title of applicant**-Provide title of Bottling Facility's applicant.
22. **Signature of Applicant** - Provide original signature of Bottling Facility's applicant.
23. **Date of Application**-Provide current date of application.

SUBMITTING YOUR APPLICATION

1. Payment shall be made in the form of a check or money order payable to "Treasurer, State of New Hampshire", and must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4589 or foodprotection@dhhs.nh.gov.