



**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**

Lori A. Shibinette  
Commissioner

Patricia Tilley Director

**APPLICATION FOR BEVERAGE AND BOTTLE WATER REGISTRATION**

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

<sup>1</sup> Full Legal Name of Corporation, LLC or Owner(s) \_\_\_\_\_  
(Name to appear on license)

<sup>2</sup> Bottling Facility name (if different from above) \_\_\_\_\_

<sup>3</sup> Location of Bottling Facility (Street) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>4</sup> Telephone Number at Bottling Facility \_\_\_\_\_

<sup>5</sup> Emergency After Hours Contact Person and Telephone # \_\_\_\_\_

*For Correspondence if different than above:*

<sup>6</sup> Mailing Address (if different) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>7</sup> Contact Person \_\_\_\_\_ <sup>8</sup> Telephone # \_\_\_\_\_ <sup>9</sup> E-mail \_\_\_\_\_

<sup>10</sup> Type of Registration

New Establishment

Renewal /Recertification

<sup>11</sup> Registration # \_\_\_\_\_

<sup>12</sup> Registration/Fee Due-select only ONE applicable category

**Registration of Non-Resident Vendors (\$400.00)** –Bottlers of beverage/beverage concentrate only manufactured out of the State of NH

**Registration of Non-Resident Vendors (\$400.00)** –Bottlers of water and beverage/beverage concentrate manufactured out of the State of NH

**Registration of Non-Resident Vendors (\$400.00)** –Bottlers of water only manufactured out of the State of NH

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

<sup>13</sup> <input type="checkbox"/>	Types of Product(s) Bottled (i.e. spring water, juice, soda etc.) _____
<sup>14</sup> <input type="checkbox"/>	Complete Specific List of Product(s) being licensed, including brand names, produced at above plant. (use additional sheets if necessary). 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
<sup>15</sup> <input type="checkbox"/>	Copy of Sanitary inspection by the regulatory agency or third party audit organization or health certificate or letter from regulatory agency certifying compliance with local regulations issued within the previous 12 months.
<sup>16</sup> <input type="checkbox"/>	If Bottled Water, Source of Water (include name) _____
<sup>17</sup> <input type="checkbox"/>	If Bottled water, Letter of Approval-Submit a letter of approval of bottled water source from local, state, provincial or nation government agency with regulatory authority over the source including approval for designation of spring water if the water is labeled as such.
<sup>18</sup> <input type="checkbox"/>	If Bottled water, a copy of laboratory analysis dated within last 12 months for Methyl tertiary-butyl ether (MtBE) and the following Per- and Polyfluoroalkyl Substances (PFAS) Contaminants: Perfluorohexane sulfonic acid (PFHxS), Perfluorononanoic acid (PFNA), Perfluorooctane sulfonic acid (PFOS), Perfluorooctanoic acid (PFOA) of the finished product, conducted by a laboratory approved in accordance with He-P 2102.05 (a).

I, (print name & title)<sup>(19,20)</sup> \_\_\_\_\_, 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 certify that any bottled water that I am registering meets the standards of quality in He-P 2102.02 (b). 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:<sup>21</sup> \_\_\_\_\_ DATE OF APPLICATION:<sup>22</sup> \_\_\_\_\_

-----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. **Emergency After Hours Contact Person and Telephone #** - provide the name and contact information for an individual in case of emergency after hours.
6. **Mailing Address** - provide mailing address for correspondence if different than the location of the Bottling Facility.
7. **Contact Person** - provide the name of individual for correspondence if different than the contact person at the Bottling Facility.
8. **Telephone #** - provide the telephone number for correspondence if different than the telephone number at the Bottling Facility.
9. **E-mail** - provide the E-mail address for correspondence.
10. **Type of Registration** - check the appropriate registration type that you are applying for.
11. **Current Registration #** - provide current license number if known, otherwise please leave blank.
12. **Registration/Fee Due - Registration of Non-Resident Vendors** – Please submit a check in the amount of \$400.00 made payable to "Treasurer, State of NH".
13. **Types of Product(s) Bottled** - Please list the types of product(s) to be bottled (i.e. spring water, juice, soda etc.)
14. **Complete Specific List of Products to be bottled.** - provide a list of all product(s), including brand names; produce at above plant (use additional sheets if necessary.)
15. **Copies of sanitary inspection conducted by the regulatory agency or third party audit organization, health certificate or letter from regulatory agency certifying compliance with local regulations issued within the previous 12 months** - provide copies of one or more of the documents listed.
16. **Source of Water if Product is bottled water** - indicate water source and name if applicable.
17. **Letter of approval** - Submit a letter of approval of bottled water source from local, state, provincial or nation government agency with regulatory authority over the source including approval for designation of spring water if the water is labeled as such.
18. **Submit a copy of laboratory analysis dated within last 12 months for Methyl tertiary-butyl ether (MtBE) and the following Per and Polyfluoroalkyl Substances (PFAS) Contaminants: Perfluorohexane sulfonic acid (PFHxS), Perfluorononanoic acid (PFNA), Perfluorooctane sulfonic acid (PFOS), Perfluorooctanoic acid (PFOA) conducted by a laboratory approved in accordance with He-P 2102.05 (a).**
19. **Printed Name** - Print full name of Bottling Facility's legal owner, signing application or officer or legal owner who applies for the license.
20. **Title of applicant** - Provide title of Bottling Facility's applicant.
21. **Signature of Applicant** - Provide original signature of Bottling Facility's applicant.
22. **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](mailto:foodprotection@dhhs.nh.gov).