

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 Food & Standards Division
 Telephone: (860) 713-6160
 Email: food.standards@ct.gov
 Web Site: www.ct.gov/dcp

APPLICATION FOR LICENSE - WATER/BEVERAGE BOTTLER

INSTRUCTIONS:

All spaces must be completed - please print or type. **This application must be accompanied by a check or money order for the appropriate fee as listed below made payable to: "Treasurer, State of CT." Application fees are non-refundable. Return your completed application and fee to:**

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Water & Non-Alcoholic Beverage Manufacturer and Bottler Application & Initial License Fee: \$300.00

You must submit with this application: 1) a current sanitation inspection report of bottling facility, 2) water analysis & laboratory report

Business Trade Name (dba)				
Physical Location of the Production/Storage Facility - Street Address		City	State	Zip Code
Telephone Number (with area code)	FEIN	Previous License Number (if applicable)		
Corporation Name (If Applicable)				
Mailing Address (if different than above)				
Street Address		City	State	Zip Code
Applicant's Name & Title		Applicant's Email Address		

Type of product:	Public or Private Water Supply	Waste Water Disposal
<input type="checkbox"/> Bottled Water <input type="checkbox"/> Other Beverage	<input type="checkbox"/> Private Well <input type="checkbox"/> Public Supply	<input type="checkbox"/> Septic System <input type="checkbox"/> Public Sewers
Product:	Bottled Water, Approved Source Documentation Attached?	
<input type="checkbox"/> Water <input type="checkbox"/> Non-Alcoholic Beverage <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant Date

FOR OFFICIAL USE ONLY

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INSPECTION DATE :		INSPECTED BY :	APPROVED BY :	APPROVAL DATE :
FEE DUE :		FEE COLLECTED :	CHECK OR MONEY ORDER #:	TOWN TAX CODE :
RENEWAL APPLICATION <input type="checkbox"/>	NEW APPLICATION <input type="checkbox"/>	LICENSE YEAR :	EFFECTIVE DATE :	EXPIRATION DATE :