



# Bottled Water Application

Date Received by IDPH
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## I. Purpose of Application

<input type="checkbox"/>	<b>New Application</b>
<input type="checkbox"/>	<b>Change of Ownership</b>
<input type="checkbox"/>	<b>Change of Location</b>

*Office Use Only* License Number
Fee Paid

## II. Registration or License Type

A) Check ALL applicable boxes for specialized bottled water types.

	Bottled Water Type	Fee
<input type="checkbox"/>	In-State Bottled Water Plant	\$150
<input type="checkbox"/>	Out-of-State Bottled Water Plant	\$150
<input type="checkbox"/>	Bottled Water Source	\$150

**ALL FEES ARE DUE with the application submittal.**

- Licenses are non-transferable.
- A change in ownership or location will require a new license to be issued.
- Fees are non-refundable.

## III. Firm Information (\*Mandatory Information)

### A) Firm Name

Legal Name of Firm*	
"Doing Business As" Name DBA Name or "trade name"	

### B) Physical Facility Address in Illinois

<input type="checkbox"/>	I am submitting a <b>change of location</b> . This change will take effect <b>on this date:</b>			
Street/Line 1*				
Line 2				
City*		ZIP Code*		
County*				

### C) Firm Contact Information

<b>Firm Phone*</b> (include area code, country code)	
<b>Emergency / Cell Phone*</b> (include area code, country code)	
<b>Firm Email Address*</b> (this is where the license will be sent)	

**IV. Owner and/or Operator of Firm Information (\*Mandatory Information)**

**A) Owner/Operator Name and Contact Information**

Name (First Last)*			
Owner/Operator Address (USA)*	Street/Line 1*		
	Line 2		
	City*		
	State*		
Owner/Operator Address (International, if applicable)*			
Phone* (include area code, country code)			
Email Address*			

**B) Ownership Type (Check applicable box AND complete information)**

Firm Services are defined at [https://www.ilsos.gov/departments/business\\_services/home.html](https://www.ilsos.gov/departments/business_services/home.html)

<input type="checkbox"/>	Sole Proprietor/Individual	List Name:
<input type="checkbox"/>	Partnership/ Multiple Owners	List Name of Each Owner:
<input type="checkbox"/>	Limited Liability Company (LLC)	List Complete Name of LLC:
<input type="checkbox"/>	Corporation	List Complete Name of Corporation:
<input type="checkbox"/>	Other (Government, Non-Profit, Cooperative)	
If either an LLC or Corporation, list the registered agent on file with the Secretary of State here:		

**V. Mailing Address (Check applicable box AND complete information)**

<input type="checkbox"/>	Mailing Address is the same as the <b>physical facility address</b> .		
<input type="checkbox"/>	Mailing Address is the same as the <b>owner and/or operator address</b> .		
<input type="checkbox"/>	<b>Mailing Address is different</b> than the physical facility address AND the owner and/or operator address:		
	Street/Line 1		
	Line 2		
	City		
	State		ZIP Code
	International (if needed)		

**VI. Facility Information**

**A) Operating Hours**

**1. Which days of the week does the facility operate?**

For day facility is closed, write "CLOSED"

Day	Operating Hours	Day	Operating Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

**2. Are there any holidays or planned closures for the business?**

(Check applicable box AND complete information)

<input type="checkbox"/>	<b>YES</b> , facility is closed for:
<input type="checkbox"/>	<b>NO</b> , facility is open during all holidays and has no planned closures.

**VII. Bottled Water Plant**

**A) For plants located outside of Illinois**

You MUST attach with this application:

1. A copy of the **most recent inspection** of the facility from a regulatory authority (FDA, state, or other regulatory body for plants outside the U.S.) AND
2. **product labels** for all bottled water products.

**\*\*\* Failure to do this may delay the issuance of the license. \*\*\***

**B) List each Bottled Water Product, the water source for that product, and the address of each source.**

Source examples: PRIVATE well, PRIVATE spring, community water supply, etc.

- If **PRIVATE**, describe the water source's water quality testing program.
- Attach an additional information sheet if necessary.

Product	Source	Address of Source

### VIII. Certification Statement

This application must be signed:

- a) by the owner, if an individual;
- b) by one of the partners, if a partnership; OR
- c) by an officer of the company or corporation.

I affirm that I am the owner, partner, or officer of the firm name as shown in [Section III](#) and that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health (IDPH) this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact.

I agree to the inspection of this operation by an Authorized Identified Person (AIP) of IDPH during facility operating hours. I understand that harassment and/or inappropriate behavior towards an AIP may result in the cessation of the inspection. Refusal to allow an inspection could result in enforcement action.

I agree to conduct operations and maintain premises in accordance with all applicable laws, rules, and regulations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### IX. Submit Application, License Fee, and Attachments

**\*\*\* Do NOT Email Bottled Water Applications. \*\*\***

**Mail Completed Application, FULL License Fee, AND any Attachments to:**

Illinois Department of Public Health  
Division of Environmental Health  
Food, Dairies, and Devices Section  
Manufactured Food Program  
525 W. Jefferson St. (Floor 3)  
Springfield, IL 62761

**Checks or money orders should be made to the Illinois Department of Public Health.**

- ALL FEES ARE DUE with application submittal.
  - Licenses are non-transferable.
  - A change in ownership or location will require a new license to be issued.
  - Fees are non-refundable.
- The application and review process from when IDPH receives the application to when the inspector should contact the business to set up the inspection (if applicable) is APPROXIMATELY six weeks.
- This depends upon the number of applications received for review, the completeness of the application, and the schedule of the inspector responsible for the area.
- Questions? Phone 217-785-2439 | TTY (hearing impaired) 800-547-0466 | Email [dph.mfgfood@illinois.gov](mailto:dph.mfgfood@illinois.gov)