

Revised 06/08/2015

# Rhode Island Department of Health

## Application and Instructions for:



Bottler, Canner In-State

Bottler, Canner Out of State

Name of Business

Previous Business Name & License Number (If Any) at this address

### OFFICE USE ONLY

|                             | Initials | Date |
|-----------------------------|----------|------|
| Risk Type                   |          |      |
| Approved by F.O. Supervisor |          |      |
| Profile Entered By          |          |      |
| License ID#                 |          |      |
| Receipt No.                 |          |      |
| License No.                 |          |      |

# INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.
- Attach check/money order to the front of this application and mail to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. A receipt or cancelled check does not guarantee licensure.

## Application Fees:

|  |                 |
|--|-----------------|
| <b>Bottler, Canner In-State/Out of State</b> | <b>\$550.00</b> |
|--|-----------------|

- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **This fee is non-refundable.**
- **Upon receipt of your completed application by the Department of Health, Office of Food Protection, please call (401) 222-2749 to schedule an operational inspection (IN-STATE ONLY) 2 weeks prior to opening. Note: You must have or employ an active Certified in Food Safety Manager registered with the Office of Food Protection (if applicable) prior to inspection.**
- If you have any questions concerning this application, call the Department of Health, Office of Food Protection at (401) 222-2749.
- Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

## REQUIRED ATTACHMENTS:

Copy of the current certificate of approval/license from appropriate health or other regulatory agency.

Provide a list of the items which are bottled/canned in the manufacturing facility. Include: Product/Label name, flavors, fluid oz., UPC bar codes, and container (ie: plastic, glass, can, etc.)

List of companies you bottle for.

**Please complete section(s) below.**

**Note to Applicants submitting plans:**

**Plan Review**

RIGL 23-1-31. Approval of construction by director. – A plan review fee for new establishments, and for establishments where the cost of renovation exceeds 50 percent (50%) of the value of the establishment, shall be charged. The plan review fee for these establishments shall equal the annual cost of the license/registration.

A plan review fee of \$ \_\_\_\_\_ is included with this application.

I have enclosed a separate check/money order payable to “General Treasurer, State of Rhode Island”.



**State of Rhode Island and Providence Plantations  
Department of Health  
Office of Food Protection**

**Facility Name:**

Please provide the name of the facility (as known to the public) for which you are applying for this license.

Name:

**Facility Contact Person:**

Please provide the name and telephone number of a person we can contact concerning this facility.

Name:

Phone Number:

(            )

**Facility Mailing Information:**

Please provide the mailing information for all communication regarding this license.

**(Not published on HEALTH website).**

Address Line 1

Address Line 2

Address Line 3

City, State, ZipCode

Country (only if not in US)

Phone:

Fax:

Email Address:

|   |   |
|---|---|
| <p><b>Facility Location Information:</b></p> <p>Please provide the location information for this facility.</p> <p><b>(Published on HEALTH website)</b></p>  | <p>Address Line 1</p> <p>Address Line 2</p> <p>Address Line 3</p> <p>City, State, ZipCode</p> <p>Country (only if not in US)</p> <p>Phone:</p> <p>Fax:</p> <p>Email Address:</p>  |
| <p><b>Ownership Type:</b></p> <p>Please check ONE</p>   | <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Partnership</p> |
| <p><b>Ownership Information:</b></p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>                  | <p style="text-align: center;"><b>LIST ONE ONLY - DO NOT SEND ATTACHMENTS</b></p> <p>Name:</p> <p>DBA (Doing Business As):</p>  |
| <p><b>Ownership Address Information:</b></p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p> | <p>Address Line 1</p> <p>Address Line 2</p> <p>Address Line 3</p> <p>City, State, Zipcode</p> <p>Phone:</p> <p>Fax:</p> <p>Email Address:</p>   |
| <p><b>Water Supply:</b></p>   | <p>Does this establishment receive all or a portion of its water supply from an on-site well?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>  |
| <p><b>Sewage System:</b></p>  | <p>Is this establishment serviced by a private sewage system (e.g. septic system)?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>   |
| <p><b>Employees:</b></p> <p><b>Please indicate the number and types of employees.</b></p>   | <p>Number of food handling employees:</p> <p>Number of non-food handling employees:</p>   |
| <p><b>Chain Information</b></p>   | <p>Is this facility part of a chain operation?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>   |

**SSN/FEIN:**

**(Social Security Number/Federal Employer Identification Number)**

**Please note if you are a sole proprietor this number may be your SSN.**

Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

**SSN/FEIN #:**

**Affidavit of Applicant**

Read, sign, and date this affidavit.

**AFFIDAVIT AND SIGNATURE**

**This Application Must be Signed**

**I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.**

**I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.**

\_\_\_\_\_  
**Signature of Authorized Person**

**Date of Signature  
(MM/DD/YY)**

**Printed Name of Authorized Person**

**Title of Authorized Person**