

**ARKANSAS DEPARTMENT OF HEALTH**  
**Bureau of Environmental Health Services**  
**Division of Environmental Health Protection**  
**4815 West Markham, Slot 46**  
**Little Rock, Arkansas 72205-3867**

**BOTTLED WATER PERMIT APPLICATION**

Name of Firm \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of Owner/Manager \_\_\_\_\_

**PERMITS GRANTED WILL REMAIN IN FORCE SUBJECT TO THE FOLLOWING PROVISIONS:**

1. *Permit fee* of fifty dollars (\$50.00) must accompany this application. Permits are renewed annually.
  
2. A *Certificate of Operation* from the bottler's resident state, or country of origin, must be included with the application. The Certificate of Operation shall include evidence of compliance with the Non-Transient Non-Community portions of the National Drinking Water Standards.
  
3. A *bacteriological analysis* conducted by an acceptable laboratory must be submitted annually.

***APPLICATION IS HEREBY MADE TO DISTRIBUTE BOTTLED WATER IN THE STATE OF ARKANSAS FOR THE UPCOMING LICENSE YEAR.***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_