



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health  
Office of Food Protection

**STATE OF DELAWARE APPLICATION FOR NEW OR RENEWAL  
NON-ALCOHOLIC BEVERAGE MANUFACTURER / DISTRIBUTOR PERMIT**

**PERMIT PERIOD JULY 1 2017 TO JUNE 30 2018**

Submit the completed application and required fee of \$57.50 (\$25.00 for in-state bottlers) to:

**Environmental Health Field Services  
Thomas Collins Building  
540 S. SuPOnt Hwy. Ste. 5  
Dover, DE 19901**

PLEASE MAKE CHECKS PAYABLE TO "STATE OF DELAWARE"

Name of Business: \_\_\_\_\_

Address of Business (Plant): \_\_\_\_\_

Permit Mailing Address (if different from above): \_\_\_\_\_

Contact (Print name): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

List below all brand names, type container, capacity, flavors of products your company manufactures (or attach sample labels from all products shipped to Delaware):

(Not required if no change) \_\_\_\_\_

List below (or attach) distributors and addresses:

(Not required if no change) \_\_\_\_\_

**Attach a copy of the most recent facility inspection by the regulatory authority having jurisdiction in your state or county. (Required for all applications, including renewals)**

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE AND TITLE

APPLICANT, DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_ DATE APPLICATION APPROVED

\_\_\_\_\_ MANAGER, FOOD PROTECTION PROGRAM

PERMIT NUMBER: \_\_\_\_\_

PAID STAMP:

PERMIT ISSUE DATE: \_\_\_\_\_