

MICHIGAN DEPARTMENT OF AGRICULTURE  
 FOOD AND DAIRY DIVISION  
 DAIRY SECTION  
 P.O. BOX 30776  
 LANSING, MI 48909-8276

**GRADE A FACILITY LICENSE APPLICATION**

(In accordance with the provisions of Act 266, PA 2001 or Act 267, PA 2001)

FOR DEPARTMENT USE ONLY
LICENSE #
DATE PRINTED
EXPIRATION DATE

- Transfer Station (No milk storage facilities)
- Receiving Station (Has milk storage facilities)
- Tank Truck Cleaning Facility (With no transfer or receiving facilities)
- Milk Distributor (Distribution facilities used primarily for Grade A milk products)
- Single Service Product Manufacturer— Products Produced \_\_\_\_\_

NAME OF PLANT COMPLEX		FEDERAL ID NO.	
FACILITY NAME		<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	STATE I.D. # <b>26 -</b>
STREET/ROAD ADDRESS		TELEPHONE ( )	
CITY	ZIP CODE	FAX ( )	
LICENSEE / OWNER(S) / PRINCIPAL STOCK HOLDERS OWNING IN EXCESS OF 35% OF STOCK:		COUNTY	FISCAL YEAR END (Mo./Day)
1. _____	3. _____		
2. _____	4. _____		

FEE DETERMINATION (Complete the sections below which describe your operation)		AMOUNT
<b>\$50.00</b>	<b>For each STAND ALONE FACILITY</b>	<b>\$50.00</b>
Make remittance payable to <b>State of Michigan</b> Send check or money order – Do Not Mail Cash		<b>TOTAL</b>
Send to: <b>MICHIGAN DEPARTMENT OF AGRICULTURE</b> P.O. Box 30776 LANSING, MI 48909-8276		<b>\$</b>

The above information is provided for the purposes of obtaining a license under Act 266, PA 2001 or Act 267, PA 2001. I certify that, to the best of my knowledge, this information is true. (Signed) <b>AUTHORIZED AGENT</b>	TITLE	DATE
	MICHIGAN DEPARTMENT OF AGRICULTURE - AUTHORIZED AGENT:	TITLE