

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

FOR DEPARTMENT USE ONLY
LICENSE #
DATE PRINTED
EXPIRATION DATE

MANUFACTURING DAIRY PLANT LICENSE APPLICATION

(In accordance with Act 267, PA 2001)

FEE: \$50.00

- Mfg Receiving Station
- Mfg Transfer Station
- Mfg Single Service Facility
- Mfg Plant – Products Produced:
 - Condensed/Dry
 - Frozen Desserts
 - Cheese

FEDERAL ID NO.

LEGAL NAME / DBA / TRADE NAME		<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	STATE I.D. # 26 -
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. _____		

HIGHEST MONTHLY VOLUME OF MILK RECEIVED IN PAST 12 MONTHS OR HIGHEST ANTICIPATED VOLUME FOR NEXT 12 MONTHS: **lb.**

NAME OF FINANCIAL INSTITUTION MILK CHECKS ISSUED THROUGH: _____

NAME/LOCATION OF PRODUCER ASSOCIATION(S) USED (attach additional sheets if necessary)

1. _____ 3. _____
 2. _____ 4. _____

ATTACH LIST OF INDIVIDUAL MILK PRODUCERS SHIPPING MILK TO THIS PLANT, INCLUDING ADDRESS AND PERMIT NUMBER

PRODUCER SECURITY TYPE
(MDA must be notified 90 days prior to a change in type of producer security.)

- Certified, audited financial statement. If most recent statement has not been submitted, please submit with application.
 - Bond, irrevocable letter of credit, or other security equal to the value of the greatest milk receipts that the milk plant has received within a consecutive 30-day period during that milk plant's most recent fiscal year or the value of the greatest milk receipt that the milk plant is anticipated to receive during a consecutive 30-day period within the licensing year.
- Type: _____ Amount: _____
 Expiration Date: _____ Surety Company: _____
- Prepayment Agreement (Cash Payment)
 - Exempt – Reason: _____

The above information is provided for the purposes of obtaining a license under Act 266, P.A. 2001. I certify that, to the best of my knowledge, this information is true. (Signed) AUTHORIZED AGENT	TITLE	DATE
MICHIGAN DEPARTMENT OF AGRICULTURE - AUTHORIZED AGENT	TITLE	DATE