

Michigan Department of Agriculture and Rural Development

Bottled Water Registration Application



P.O. BOX 30776
 LANSING MI 48909-8276
 Phone: 1.800.292.3939 Email: mdard-clu@mdard.michigan.gov
 In Accordance with Act 2000, Public Act No. 92, as amended.
Bottled Water Registration

*Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Individual			
*Ownership Name:			
**Federal Identification #:			
Email Address:			
*Mailing Address:			
*City:		*State:	
*Zip:		*Country:	
*Business Name:			
*Address:			
*City:	*State:	*Zip:	*Country:
*Primary Contact Name:		*Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
Additional Contact Name:		Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
Registration(s): \$25 per Registration X _____ Number of Label Registration(s) = _____ ASC Hot Key 1111			

Office Use Only
1111

** All field(s) with an asterisk (*) are required to be filled in.*

*** Federal Identification # not required for Individual Ownership Types*

Michigan Department of Agriculture and Rural Development

Bottled Water Registration Application

<input type="checkbox"/> Artesian Well <input type="checkbox"/> Drilled Well <input type="checkbox"/> Municipal <input type="checkbox"/> Spring			
*PRODUCT LABEL NAME:			
<input type="checkbox"/> Alkaline	<input type="checkbox"/> Alkaline Ionized with Electrolytes	<input type="checkbox"/> Alkaline with Electrolytes	
<input type="checkbox"/> Artesian	<input type="checkbox"/> Artesian Sparkling	<input type="checkbox"/> Artesian Still	
<input type="checkbox"/> Deionized	<input type="checkbox"/> Distilled	<input type="checkbox"/> Distilled with Electrolytes	
<input type="checkbox"/> Distilled with Minerals	<input type="checkbox"/> Fluoridated	<input type="checkbox"/> Mineral	
<input type="checkbox"/> Mineral Sparkling	<input type="checkbox"/> Purified	<input type="checkbox"/> Purified with Electrolytes	
<input type="checkbox"/> Purified with Fluoride	<input type="checkbox"/> Purified with Minerals	<input type="checkbox"/> Purified with Minerals (Alkaline)	
<input type="checkbox"/> Purified with Minerals & Electrolytes	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Spring	
<input type="checkbox"/> Still Water	<input type="checkbox"/> Vapor Distilled	<input type="checkbox"/> Vapor Distilled with Electrolytes	
<input type="checkbox"/> *Bottled Water Product Label		<input type="checkbox"/> *EGLE Source Approval (If water source is in Michigan)	
<input type="checkbox"/> *Out of State Water Source Documentation (If Water Source is outside of Michigan)			
<p><i>I hereby verify and affirm that all information contained in this application is true and accurate.</i></p> <p>Signature _____</p>			

* All field(s) with an asterisk (*) are required to be filled in.

** Federal Identification # not required for Individual Ownership Types