

Michigan Department of Agriculture and Rural Development Water Dispensing Machine Application



P.O. BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
 In Accordance with 2000 and Public Act No. 92, as amended
Water Dispensing Machine 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:	Office Use Only
STEP 2: MACHINE LOCATION INFORMATION – See Page 2 to Apply for Multiple Machines			
*Machine Location Name:			
*Address:			
*City:	*State:	*Zip:	
*Water Types (Check All That Apply): <input type="checkbox"/> Distilled <input type="checkbox"/> Drinking <input type="checkbox"/> Mineral <input type="checkbox"/> Purified <input type="checkbox"/> Reverse Osmosis			
*Organization Contact Name:		*Phone:	
Email:		*Address:	
*City:	*State:	*Zip:	*Country:
Water Dispensing Machine: \$25.00 X _____ Number of Dispensing Machines = _____ ASC Hot Key 1110			

Signature: _____

By submitting this application and payment I hereby verify and affirm that all information contained in this application is true and accurate.

* Please note that all fields marked with an asterisk (*) are required and must be completed in order to process your license application
 ** Please note Federal Identification Number is not required for Individual Ownership Types

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