

# Report of Beverage Container and Vending Machine Activity

Issued under authority of Public Act 388 of 2008.

## INSTRUCTIONS:

This report must be completed by each dealer that operates Reverse Vending Machines (RVM) in any of the designated counties: Berrien, Branch, Calhoun, Cass, Dickinson, Gogebic, Hillsdale, Iron, Jackson, Kalamazoo, Lenawee, Menominee, Monroe, St. Joseph, Van Buren, Washtenaw and Wayne.

PART 1: DEALER CONTACT INFORMATION		
▶ Business Name		▶ FEIN
Address (Number and Street, P.O. Box or RR Number)		City, State, ZIP Code
Contact Name	Title	Contact Telephone Number

## PART 2: LOCATION INFORMATION

Provide the following information for each dealer location that operates RVMs within any of designated counties listed above. Copy page two of this form if multiple locations are reported.

LOCATION 1		
▶ Store Name, DBA		
Street Address	City, State, ZIP Code	▶ County
▶ Number of reverse vending machines operating at this location	▶ Number of beverage containers sold (in the previous calendar year)	▶ Number of beverage containers redeemed (in the previous calendar year)
Does this location accept 12-ounce metal beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this location accept 20-ounce plastic beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this location accept 12-ounce glass beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		

LOCATION 2		
▶ Store Name, DBA		
Street Address	City, State, ZIP Code	County
▶ Number of reverse vending machines operating at this location	▶ Number of beverage containers sold (in the previous calendar year)	▶ Number of beverage containers redeemed (in the previous calendar year)
Does this location accept 12-ounce metal beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this location accept 20-ounce plastic beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this location accept 12-ounce glass beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## PART 3: CERTIFICATION

*I declare under penalty of perjury that the information on this form is true and complete to the best of my knowledge.*

Signature	Title	Date
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If you have questions, you may contact the Return Processing Division, Bottle Deposit Section at (517) 636-4730. You may fax this completed form to (517) 636-4356, or mail to:

Michigan Department of Treasury  
Return Processing Division - Bottle Deposit Section  
P.O. Box 30427  
Lansing, Michigan 48909

<b>OFFICE USE ONLY</b>
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<b>▶ Dealer Name</b>		<b>▶ FEIN</b>	
<b>ADDITIONAL LOCATIONS</b>			
<b>▶ Store Name, DBA</b>			
Street Address		City, State, ZIP Code	<b>▶ County</b>
<b>▶ Number of reverse vending machines operating at this location</b>	<b>▶ Number of beverage containers sold (in the previous calendar year)</b>		<b>▶ Number of beverage containers redeemed (in the previous calendar year)</b>
Does this location accept 12-ounce metal beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this location accept 20-ounce plastic beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this location accept 12-ounce glass beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>▶ Store Name, DBA</b>			
Street Address		City, State, ZIP Code	County
<b>▶ Number of reverse vending machines operating at this location</b>	<b>▶ Number of beverage containers sold (in the previous calendar year)</b>		<b>▶ Number of beverage containers redeemed (in the previous calendar year)</b>
Does this location accept 12-ounce metal beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this location accept 20-ounce plastic beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this location accept 12-ounce glass beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Street Address		City, State, ZIP Code	County
<b>▶ Number of reverse vending machines operating at this location</b>	<b>▶ Number of beverage containers sold (in the previous calendar year)</b>		<b>▶ Number of beverage containers redeemed (in the previous calendar year)</b>
Does this location accept 12-ounce metal beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this location accept 20-ounce plastic beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this location accept 12-ounce glass beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>▶ Store Name, DBA</b>			
Street Address		City, State, ZIP Code	County
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Does this location accept 12-ounce glass beverage containers? <input type="checkbox"/> Yes <input type="checkbox"/> No			