Michigan Department of Agriculture and Rural Development

Michigan	P.O. BOX 30776 LANSING MI 48909-8276 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov DAIRY RECEIVING STATION LICENSE APPLICATION In Accordance with Act 266 of 2001 and Public Act 267 of 2001						
AGRICULTURE & Rural Development	☐ New Application ☐ No Longer Needed						
STEP 1: ORGANIZATION INFORMATION							
*Ownership Type: Corporation Limited Liability Co. Partnership						ip	
☐ Sole Proprietor ☐ Joint Tenant ☐ Individual							
*Ownership Name:							
**Federal Identification #:							
Email Address:							
*Mailing Address:							
*City:		*State:	State: *Zip:				Office Use Only
-					Z.p.		1265
STEP 2: BUSINI		TION					
*Business Name	:						
*Address:							
*City:		*State:	*State:		*Zip:		County:
STEP 3: CONTA	ACT INFORMA	TION					
*Primary Contact Name:				*Phone:		e:	
Email:				Address:			
City:	Sta	State:		Zip:			Country:
Additional Contact Name:					Phone:		
Email:			Address:				
City:	Sta	State:		Zip:			Country:
STEP 4: DAIRY	RECEIVING S	TATION FEE - Make o	check/	money orders	payable to	the State	of Michigan
*Nonrefundable Dairy Receiving Station \$250.00 ASC						ASC H	ot Key (mdard use only): 1265

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