



Michigan Department of Agriculture
 P.O. Box 30776, Lansing, MI 48909 • 800-292-3939

In accordance with 2000 Public Act 92, as amended.

Water Dispensing Machine Registration Application

License Year Ending: 4/30/____ Status: New Renewal No Longer Needed
 If Renewal, Unique ID or License No. of Establishment: _____

Business/Individual Information

Business or Individual Name: _____
 Business or Individual Address: _____
 City: _____ State: _____
 County: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____
 Business Email: _____
 Mailing address if different from above: Street or P.O. Box: _____

 City: _____ State: _____ County: _____ Zip: _____

Blank Space
For Official Use Only

Corporate/Owner Information

Ownership Type: Sole Ownership Joint Tenant Partnership L.L.C. Corporation
 Corporation: _____
 Owner/President (CEO) Name: _____
 Street Address of Corporation or Owner: _____
 City: _____ State: _____ County: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____ Business Email: _____
 Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID No.

Dispensing Machine Information (Please list business(es) and location of water dispensing units below.)

Business Name: _____ St. Address: _____			
City: _____, MI Zip: _____ County: _____	# of Units	Type of Water Dispensed	
Business Name: _____ St. Address: _____			
City: _____, MI Zip: _____ County: _____	# of Units	Type of Water Dispensed	
(If you have more than two locations, please continue listings on the reverse side.)			

License Fees (Please indicate all that apply)

AOBJ: 0110

Dispensing fee is \$25.00 each. Indicate total number units including reverse side: _____ @ \$25.00= _____

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues on the back of this form

Water Dispensing Machine Locations (Please copy and attach additional pages as needed)

Units Per Location	Name of Business at which machines are located	Street Address of location (Also include city and zip)	County	Type of Water Dispensed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

_____ Indicate total number units including reverse side: _____ @ \$25.00 = _____
 Total dispensing units