

Michigan Department of Agriculture and Rural Development



P.O. BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
DAIRY MILK TRANSPORTATION COMPANY
APPLICATION
 In Accordance with Act 266 of 2001 and Public Act 267 of 2001

New Application No Longer Needed

STEP 1: ORGANIZATION INFORMATION			
*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 1269
STEP 2: BUSINESS INFORMATION			
*Business Name:			
*Address:			
*City:	*State:	*Zip:	*County:
STEP 3: CONTACT INFORMATION			
*Primary Contact Name:		*Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
Additional Contact Name:		Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
STEP 4: DAIRY MILK TRANSPORTATION COMPANY - Make check/money orders payable to the State of Michigan			
*Nonrefundable Dairy Milk Transportation Company \$50.00		ASC Hot Key (mdard use only): 1269	

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