

# 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 WAREHOUSE/DISTRIBUTOR LICENSE APPLICATION**  
 In Accordance with Act 266 of 2001 and Public Act 267 of 2001

New Application       No Longer Needed

<b>STEP 1: ORGANIZATION INFORMATION</b>			
*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 <b>1267</b>
<b>STEP 2: BUSINESS INFORMATION</b>			
*Business Name:			
*Address:			
*City:	*State:	*Zip:	*County:
<b>STEP 3: CONTACT INFORMATION</b>			
*Primary Contact Name:		*Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
Additional Contact Name:		Phone:	
Email:		Address:	
City:	State:	Zip:	Country:
<b>STEP 4: DAIRY WAREHOUSE/DISTRIBUTOR FEE - <i>Make check/money orders payable to the State of Michigan</i></b>			
*Nonrefundable Dairy Warehouse/Distributor \$100.00		ASC Hot Key (mdard use only): <b>1267</b>	

*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