



Michigan Department of Agriculture & Rural Development

P.O. Box 30776, Lansing, MI 48909-8246 • 517-284-5651

FAX: 517-335-4540



In accordance with 1959 Public Act 228, as amended.

Controlled Atmosphere Sealed Storage Application

License Year Ending: Nov. 15 _____ (year)	No Longer Needed
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Business Information

Business Name: _____	Blank Space For Official Use Only
Business 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: _____	

CA Establishment Information

Establishment Name: _____	
Contact Name: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Phone: (____) _____ Fax: (____) _____ Email: _____	
Federal/Tax ID #	

License Fees (Non-refundable)

AOBJ: 0243

Application Fee: \$35.00 X _____ (Number of rooms to be licensed) = \$ _____

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: _____

