



In accordance with 1959 Public Act 228, as amended.

### Controlled Atmosphere Sealed Storage Application

License Year Ending: Nov. 15    Status:  New     Renewal     No Longer Needed  
 If Renewal, License No. of Establishment \_\_\_\_\_

#### Business Information

Business Name: \_\_\_\_\_  
 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: \_\_\_\_\_

Blank Space  
For Official Use Only

#### Corporate/Operator Information

Ownership Type:  Corporation     Sole Ownership     Partnership     L.L.C.     Other: Specify \_\_\_\_\_  
 Corporation/Operator Name: \_\_\_\_\_  
 Owner/President (CEO) Name: \_\_\_\_\_  
 Street Address of Corporation or Owner: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Federal/Tax ID #

#### License Fees (Non-refundable)

AOBJ: 0243

**Total number of rooms to be licensed at all locations:** \_\_\_\_\_ @ \$35 = \$ \_\_\_\_\_

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

**Location of Storage Rooms to be Licensed (Attach more pages if needed.)**

List each room separately as to room number or other designation (Example: Room 12).

Operator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan Zip: \_\_\_\_\_   
Identify room to be licensed.

Operator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan Zip: \_\_\_\_\_   
Identify room to be licensed.

Operator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan Zip: \_\_\_\_\_   
Identify room to be licensed.

Operator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan Zip: \_\_\_\_\_   
Identify room to be licensed.

Operator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan Zip: \_\_\_\_\_   
Identify room to be licensed.

Operator Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan Zip: \_\_\_\_\_   
Identify room to be licensed.

Reminder:  
Return pre-paid postal card to Grand Rapids address listed on card