



In accordance with 2000 Public Act 316, Section 19 (1), as amended.

Organic Handlers/Producers Registration Application

Registration Year Ending: _____ Status: New Renewal No Longer Needed
 If Renewal, Registration 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: _____
 Contact Name: _____
 Title: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

Blank Space
 For Official Use Only

Federal/Tax ID #

Type of Business (Please list organic agricultural product information on the back of this form)

Producer Handler Processor **If applicable, please attach a copy of DBA certificate.**
 Assumed Name (DBA): _____

Certifying Agent Information

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Name: _____ Address: _____
 City: _____ State: _____ Zip: _____

License Fees (Please indicate all that apply)

AOBJ: 0313

Gross Organic Sales	Registration Fee	Gross Organic Sales	Registration Fee
<input type="checkbox"/> \$0-\$5,000	\$10	<input type="checkbox"/> \$100,001- \$500,000	\$100
<input type="checkbox"/> \$5,001- \$25,000	\$25	<input type="checkbox"/> \$500,001- \$1,000,000	\$200
<input type="checkbox"/> \$25,001- \$100,000	\$50	<input type="checkbox"/> \$1,000,001- above	\$400

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.
 I hereby certify that the statements given above are true and correct to the best of my knowledge.

Signature: _____ Date: _____
 Please print your name here: _____
 Title: _____

Application continues on the back of this form

