



# Application for Approval of a Beverage Container

March 2017 | CSB | CSB22005

## Distributor Information

Name

## Contact Information

Name

Address

City

Province

Postal Code

Email Address

( )

Phone Number

### Please Note

If you are applying to register more than one beverage container, please use the form on page 2 to list your products.

## Beverage Information

Brand name of product

(If multiple beverages indicate various)

The beverage is:

If other, please describe

The beverage container type is:

If other, please describe

The container has the capacity of

Fl Oz

mL/L

Flavour of beverage (e.g. iced tea, ginger ale, cream soda etc.):

Date

Signature of Distributor

