

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 for multiple registrations by clicking [here](#).

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