

VOID SHEET

TO: License Fee Management Branch

FROM: RIII

SUBJECT: VOIDED APPLICATION

Control Number: 399772
Applicant: Michigan Sugar Co.
License Number: 21-13783-02
Docket Number: 030-11540
Date Voided: May 16, 1996

Renewal voided due to new extension rule. Voided before review.
Refund due.

Signature [Signature] Date 5/16/96

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed
☐ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed _____
Processed by: _____

220044

9607220094 960516
PDR ADOCK 03011540
C PDR

ML
300
BT

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 03123
STATUS CODE: 2
FEE CATEGORY: 3P
EXP. DATE: 19960228
FEE COMMENTS:
DECOM FIN ASSUR REQDT N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: MICHIGAN SUGAR COMPAN
RECEIVED DATE: 960110
DOCKET NO: 30115.0
CONTROL NO.: 3997
LICENSE NO.: 21-13783-02
ACTION TYPE: RENEWAL

**REFUND DUE -
ELIGIBLE FOR EXTENSION**

2. FEE ATTACHED
AMOUNT: 720
CHECK NO.: 10227354

3. COMMENTS

SIGNED
DATE

D. Hersey
1-12-96

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED /✓/)

1. FEE CATEGORY AND AMOUNT: *3P* *\$720*
2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:
AMENDMENT
RENEWAL ☒
LICENSE

3. OTHER

SIGNED
DATE

SC
1/17/96

| | |
|------------------|-------------------|
| Log | <i>Jan 10 III</i> |
| Remitter | |
| Check No. | <i>10227354</i> |
| Amount | <i>\$720</i> |
| Fee Category | <i>3P</i> |
| Type of Fee | <i>Renewal</i> |
| Date Check Rec'd | |
| Date Completed | <i>1/17/96</i> |
| By: | <i>SC</i> |

Refund RECEIVED
\$720 JAN 19 1996
REGION III



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

MAY 15, 1996

NOTE TO LICENSEES WHO SEND IN RENEWAL PACKAGES

On January 16, 1996, the Nuclear Regulatory Commission (NRC) amended its regulations in 10 CFR 30, 40, and 70 to extend the expiration date of qualified byproduct, source and special nuclear material licenses by five years (61 FR 1109). Your license was extended by this rulemaking and you will soon receive a letter notifying you of this. If a refund is due, this will be handled by the License Fee and Accounts Receivable Branch in our headquarters office. Because of this extension, your renewal package is being returned to you.

Please note that if there are elements within your renewal package that need to be incorporated into your license, you must submit a request for an amendment along with the appropriate fee.

If you have any questions please contact the Region III office at (708) 829-9887.

Thank You - Region III

(10-94)

10 CFR 30, 32, 33
34, 35, 36, 39 and 40

APPLICATION FOR MATERIAL LICENSE

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 9 HOURS. SUBMITTAL OF THE APPLICATION IS NECESSARY TO DETERMINE THAT THE APPLICANT IS QUALIFIED AND THAT ADEQUATE PROCEDURES EXIST TO PROTECT THE PUBLIC HEALTH AND SAFETY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-6 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0120), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

DIVISION OF INDUSTRIAL AND MEDICAL NUCLEAR SAFETY
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND,
MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA,
RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

LICENSING ASSISTANT SECTION
NUCLEAR MATERIALS SAFETY BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD
KING OF PRUSSIA, PA 19406-1415

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO
RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,
SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION II
101 MARIETTA STREET, NW, SUITE 2900
ATLANTA, GA 30323-0199

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN,
SEND APPLICATIONS TO:

MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
801 WARRENVILLE RD.
LISLE, IL 60532-4351

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,
LOUISIANA, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA,
OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH,
WASHINGTON, OR WYOMING, SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING SECTION
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TX 76011-8064

030-11540

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐
☐
☒

A. NEW LICENSE

B. AMENDMENT TO LICENSE NUMBER

C. RENEWAL OF LICENSE NUMBER 21-13783-02

N.R.C. Control #90290

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip code)

Ray H. Goodman - R.S.O.
Michigan Sugar Company
4800 Fashion Square Blvd - Ste 300
Saginaw MI 48604-2690

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

819 Peninsular Street, Caro, MI 48723
341 Sugar Street, Carrollton, MI 48724
159 S. Howard Street, Croswell, MI 48422
763 N. Beck Street, Sebawaing, MI 48759

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Ray H. Goodman

TELEPHONE NUMBER

517-799-7300

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount
which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. LICENSEE FEES (See 10 CFR 170 and Section 170.31)

FEE CATEGORY

AMOUNT

ENCLOSED \$

13. CERTIFICATION (Must be completed by applicant). THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

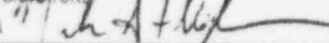
THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39 AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Mark Flegenheimer, V.P.-Administration

SIGNATURE



DATE

1-5-96

FOR NRC USE ONLY

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|-------------|---------|--------------|-----------------|--------------|----------|
| | | | \$ | | |
| APPROVED BY | | | | DATE | |

RECEIVED

JAN 10 1996

REGION III PRINTED ON RECYCLED PAPER

399772

January 16, 1996

Ray H. Goodman
Radiation Safety Officer
Michigan Sugar Company
Suite 300
4800 Fashion Square Boulevard
Saginaw, MI 48604-2690

SUBJECT: LICENSE RENEWAL APPLICATION

Dear Mr. Goodman:

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Any correspondence regarding the renewal application should reference the control number specified and your license number.

Sincerely,

Original Signed By
Marianne Meenan, Chief
Nuclear Materials Support Branch

License No. 21-13783-02
Control No. 399772

DOCUMENT NAME: M:\03011540.DT6

To receive a copy of this document, indicate in the box: "C" = Copy without attachment/enclosure "E" = Copy with attachment/enclosure "N" = No copy

| | | | | | | | | | |
|--------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| OFFICE | DNMS/RIII | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | MMEENAN:brt <i>mm</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DATE | 01/14 /96 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OFFICIAL RECORD COPY

**DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR**

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY
COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: 211378302 L

NAME: _____

ADDRESS: _____ MICHIGAN SUGAR COMPANY
ATT: RAY H. GOODMAN, RSO

ADDRESS: _____ 4800 FASHION SQUARE BOULEVARD STE. 300
SAGINAW, MICHIGAN 48604-2690

CITY: _____ STATE: _____ ZIP: _____

TRANS CODE: PX

TRANS TYPE: FE FUND: X5280 JOB CODE: _____ AMOUNT: \$720⁰⁰

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: \$720⁰⁰

COMMENTS: LIC 21-13783-02 XTND PER RLMKNG

CK 10227354
(limit comments to 40 characters, including spaces;)

PREPARED BY: Shirley Cuthfield DATE: June 20, 1996

AUTHORIZED BY: Jordan Kimberly DATE: 7/17/96

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

Jan 10 III
BP REN \$720

0227354 PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

399772
1/4/96