

FOOD SERVICE LICENSE APPLICATION

Michigan Department of Agriculture & Rural Development
 As required by Act 92, Public Acts of 2000, as amended
 For license year ending:

April 30, 2023

License No. L2000ID

1. Check one:	2. Check one:
<input type="checkbox"/> Renewal License Application	<input type="checkbox"/> Fixed Establishment
<input type="checkbox"/> New Owner	<input type="checkbox"/> Mobile
<input type="checkbox"/> New Est. or New Location	<input type="checkbox"/> Mobile Commissary
	<input type="checkbox"/> Special Transitory Food Unit (STFU)

Mailing Address (Number & Street, Box or Route)

City State Zip Code

3. Business & Owner Information

Name of Establishment or Business (type or print)

Establishment Address (Number & Street, Box or Route)

City Zip County of Location

Name of Owner (First, MI, Last) (Individual or Corporation)

Owner's Address

City State Zip Code

4. Mobile Establishment Licensing Information

Decal No. (Health Dept. Issued) VIN No.

Vehicle Make License Plate No. & State

Business Name on Vehicle Commissary License No.

THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE
 Delete License

Fee Exempt State: Yes No

Fee Exempt Local: Yes No

Fee Exempt Veteran: Yes No

LHD: Retain copy of Act 359
 Veteran's License

License No. Seasonal Establishment (check if seasonal)

Amount Received LHD No. Civil Division

Receipt No. Check No.

Signature of Health Department Representative Date

5. Applicant Information - MUST BE COMPLETED
 I certify that this information is accurate

Signature Date
 X

Printed name of owner or authorized agent

Title E-Mail

Establishment Phone No. Home Phone No.

Fax No. Emergency Phone No.

6. Renewal Due Date: April 30, 2022
Amount Due: \$ _____

If renewal application is submitted after April 30, 2022 add \$ _____

Make check payable to your local health department.

Mail application and fee payable to:

Michigan Department of Agriculture & Rural Development

Food Service License Application

Instructions to Applicant

Renewal Application

- A. Review **Sections 1-4** for accuracy. Please review the pre-printed application and make any necessary corrections. Please pay special attention to the facility name and address.
- a. **DO NOT USE THE RENEWAL FORM IF ONE OF THE FOLLOWING APPLY:**
- ✓ Change of ownership
 - ✓ Change in the physical location of establishment
 - ✓ Change of license type
- b. If one of these situations apply, fill out a new license application. To obtain a new "Food Service License Application", contact your local health department or download the form at: www.michigan.gov/mdard (Licensing, Food Industries), or click on keyword and enter "foodserviceapp". The pre-printed renewal form should be returned to the local health department along with the new application.
- B. Complete **Section 5**. Be sure to sign the application.
- C. Include license fee amount shown in **Section 6**. Make checks payable to your local health department.
- D. **Special Transitory Food Unit (STFU) renewal applications.** If you are a Special Transitory Food Unit (STFU) as identified in box #2 on the application, you must include a copy of the two paid inspections, along with your application form and check.
- E. Mail to your local health department before April 30th to avoid a late fee.

New Application

- A. Complete all applicable parts of **Sections 1-6**. Be sure to sign the application.
- B. Contact your local health department for fee and mailing address if not shown in **Section 6**. Make checks payable to your local health department.
- C. Return completed application form along with the fee to your local health department.

Definitions

Special Transitory Food Unit (STFU):

Means a temporary food service establishment that operates throughout the state without the 14 day limit.

Mobile Food Service Establishment:

Means a food service establishment operating from a vehicle, trailer or watercraft which is not fully equipped for full food service and, therefore, must return to a licensed commissary at least once every 24 hours for servicing and maintenance.