

# New Food Service License Application

Michigan Department of Agriculture & Rural Development  
As Required by Act 92, Public Act of 2000, as amended

**LICENSING PERIOD DATES – JANUARY 16th, 2023 TO APRIL 30th, 2024**

## LICENSE TYPE (Check One)

- |  |  |
|--|--|
| <input type="checkbox"/> Food Service – Fixed Establishment  | <input type="checkbox"/> Food Service - Mobile Commissary            |
| <input type="checkbox"/> Food Service – Mobile Establishment | <input type="checkbox"/> Food Service – Special Transitory Food Unit |

## ORGANIZATION INFORMATION

*Organization Name:		Email Address:	
*Mailing Address:			
*City:	*State:	*Zip:	

## BUSINESS INFORMATION

*Business/Mobile Establishment Name:		
*Establishment Address:		
*City:	*State:	*Zip:
Vehicle Identification Number (VIN):		Year:
*Commissary/Related License Number:		License Plate State:
License Plate Number:	Vehicle Make:	

## PAYMENT INFORMATION

APPLICATION FEE AMOUNT DUE: \$ \_\_\_\_\_

**Submit Application and payment payable to your Local Health Department**

## AUTHORIZED AGENT INFORMATION

*Printed Name:	*Title:
Email:	Phone Number:
*Signature:	*Date:

## FOR LOCAL HEALTH DEPARTMENT USE ONLY

Seasonal Establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No	LHD County:	LHD Number:
EXEMPTIONS (CHECK ALL THAT APPLY):	State Fee Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Veteran Fee Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Local Fee Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	

STFU LAST TWO INSPECTION DATES	Date:	Date:
Amount Received:	Check/Receipt/Transaction No.:	
Signature of Health Department Representative:	Date:	