

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

## 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, 2019**

License No. L2000ID

Mailing Address (Number & Street, Box or Route)

City State Zip Code

### 5. Applicant Information - MUST BE COMPLETED

I certify that this information is accurate

| Signature | Date |
|-----------|------|
| X         |      |

Printed name of owner or authorized agent

### 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 |
|------|-------|----------|

| Title | E-Mail |
|-------|--------|
|-------|--------|

| Establishment Phone No. | Home Phone No. |
|-------------------------|----------------|
|-------------------------|----------------|

| Fax No. | Emergency Phone No. |
|---------|---------------------|
|---------|---------------------|

**6. Renewal Due Date: April 30, 2018**  
 Amount Due: \$ \_\_\_\_\_

If renewal application is submitted after April 30, 2018 add \$ \_\_\_\_\_

Make check payable to your local health department.

### 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. |
|--------------------------|------------------------|

Mail application and fee payable to:

### THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE

**Delete License**

|  |     |       |                                   |
|--|-----|-------|-----------------------------------|
| Fee Exempt State:  | Yes | No    |                                   |
| Fee Exempt Local:  | Yes | No    | License Limitation                |
| Fee Exempt Veteran:  | Yes | No    | STFU Last 2 Fee Inspection Dates: |
| <small>LHD: Retain copy of Act 359<br/>Veteran's License</small> |     | Date: | Date:                             |

|             |   |
|-------------|---|
| License No. | Seasonal Establishment <span style="float: right;">(check if seasonal)</span> |
|-------------|---|

|                 |         |                |
|-----------------|---------|----------------|
| Amount Received | LHD No. | Civil Division |
|-----------------|---------|----------------|

|  |             |           |
|--|-------------|-----------|
|  | Receipt No. | Check No. |
|--|-------------|-----------|

|   |      |
|---|------|
| Signature of Health Department Representative | Date |
|---|------|

# 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](http://www.michigan.gov/mdard)
- c. (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 30, 2018 to avoid a late fee.**

### New Application

- A. Complete all applicable parts of Sections 1-5. **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

|  |  |
|--|--|
| <b>Special Transitory Food Unit (STFU):</b><br>Means a temporary food service establishment that operates throughout the state without the 14 day limit. | <b>Mobile Food Service Establishment:</b><br>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. |
|--|--|