



**Environmental Health Division**  
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Website: [www.scchealth.co/EH](http://www.scchealth.co/EH)

Dear Community Event Organizer:

The intent of this notice is to inform and aid in the planning of your community events. Under the **Michigan Food Law (Act No. 92, as amended)**, a Temporary Food Service License is required for a public event where food is served. The definition of a "Temporary Food Establishment" means a food establishment which operates at a fixed location for a temporary period not to exceed 14 consecutive days. The following forms are enclosed for your assistance: Temporary Food Service Establishment License Application, Temporary Food Establishment Operations Guideline, and Employee Notice / Personal Hygiene Policy.

The St. Clair County Health Department uses the State of Michigan Temporary Food Service License Application. This form contains the following sections A-N; all sections are to be completed for events. Addendum A may be necessary depending on the scope/complexity of the event. Upon receipt of the completed application, the sanitarian may contact the food / drink vendor with questions or concerns. This information review may help avert any last-minute conflicts, confusion or licensing delays.

**Reminder: Vendors who do not contact the St. Clair County Health Department at least 5 business days in advance of the event, will be charged a late fee and /or may not be approved for operation.**

- **For questions or concerns, please call the Environmental Health Division at**
  - **(810) 987-5306.**

#### **Temporary Food Service License Fee Schedule**

Temporary received 5 business days or more before event	\$ 115.00
Temporary received less than 5 business days before event	\$ 170.00
Temporary Low Risk received 5 business days or more before event ( <i>requires prior approval</i> )	\$ 50.00
Temporary Non-Profit 5 business days or more before event	\$ 70.00
Temporary Non-Profit received less than 5 business days before event	\$ 120.00
Temporary Non-Profit Low Risk 5 business days or more before event ( <i>requires prior approval</i> )	\$ 45.00

**\*If Non-Profit, you must submit your 501-C3 paperwork**

#### Temporary Food Establishments Supply Kits available:

(\$15.00 per pkg.) Contents include: Thermometer for cooler, Chlorine sanitizer test strips with monitoring chart, Hairnets, Disposable gloves, cooking temperature chart, 3-basin utensil dishwashing guidelines, Thermometer for monitoring cooking temperatures, guidelines for calibrating a meat thermometer.

Save time and energy traveling around town for supplies; purchase one today!

#### **IMPORTANT NOTICE!**

Michigan's Smoke Free Law began May 1, 2010.

This law applies to any temporary food service area that serves / sells food and beverages.

# MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

## APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternative Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PUBLIC EVENT INFORMATION:** Name of Public Event: \_\_\_\_\_

Food Service Start Date: \_\_\_\_\_ Serving Start Time: \_\_\_\_\_

Ending Date: \_\_\_\_\_ End Time: \_\_\_\_\_

When will food preparation begin? Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_

Event Location (Name & Address): \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If Applicable, Non Profit Tax ID #: \_\_\_\_\_

**I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.**

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Number of Meals to be Served Each Day: \_\_\_\_\_

## EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

### A Hand Wash Station

- Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket
- Hand sink
- Self-contained portable unit
- Other \_\_\_\_\_

### B Cooking/Reheating Equipment

- Grill/BBQ
- Fryer
- Oven
- Roaster
- Other \_\_\_\_\_

### C Cold/Hot Holding Equipment

- Ice chest/cooler with ice
- Refrigerator
- Freezer
- Steam table
- Grill/BBQ
- Chafing dish w/ fuel
- Slow cooker/roaster
- Other \_\_\_\_\_

### D Floor/Overhead Protection\*

- Food is prepared & served indoors
- Floors are cleanable and Impermeable  
Describe: \_\_\_\_\_
- Canopy/tent
- Screening
- Other \_\_\_\_\_

### E Cleaning/Sanitizing

- Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- Extra utensils
- Bucket with sanitizing solution and wiping cloth(s)
- Sanitizer

### F Other

- Chemical test strips to test sanitizer solution
- Metal stem thermometer
- Gloves
- Hair restraints
- Electricity available
- Water source (circle all that apply)  
Municipal/City   Water Well   Bottled

\*If extensive food handling occurs, it must be done in a fully enclosed space.

## **FOOD PREPARATION AND MENU:**

Only food and beverage items listed will be approved to serve.

Approval for any changes must be requested before the event.

\*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)

\*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE

**FOR LOCAL HEALTH DEPARTMENT USE:**

## Notes:

Amount Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

## ADDENDUM A:

### COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

**Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:**

I, \_\_\_\_\_ allow \_\_\_\_\_  
*Licensed Food Service Operator/Owner* \_\_\_\_\_ *Organization*

to use \_\_\_\_\_  
*Name & Address of Licensed Facility Used* \_\_\_\_\_ *Facility License Number*

For:	Food Preparation	Cold Food Storage	Cooking	Cooling Food	Hot Holding
	Dry Food Storage	Warewashing	Approved Water Supply	Waste water Disposal	

\_\_\_\_\_ Other: \_\_\_\_\_

Date(s) Licensed Facility will be used for this event: \_\_\_\_\_ to \_\_\_\_\_ Time of use: \_\_\_\_\_ to \_\_\_\_\_

*Signature of Licensed Facility Owner/Operator*

\_\_\_\_\_ *Date*

For Office Use Only

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS: \_\_\_\_\_