



Environmental Health Division
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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.

| Food | G Food Source (place/facility where food is purchased) | H Off-Site Prep Yes/No *1 | I On-Site Prep Yes/No | J Transport to event? (Hot or Cold, What type of equipment for transport) | K Cold holding equipment used at event? | L Cooking/reheating equipment used? Final cook/reheat temperature? | M Cooling? *2 | N Hot holding equipment used? |
|------------------|---------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|
| Example: | | | | | | | | |
| Hamburger | Jane's Food Service | No | Yes | Cold, Ice Chest | On-site refrigerator | Grill, 155 °F | No | Steam table |
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*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: _____