



**Environmental Health Division**  
220 Fort Street, Port Huron, MI 48060  
Office: (810) 987-5306 Fax: (810) 985-5533  
[environmentalhealth@stclaircounty.org](mailto:environmentalhealth@stclaircounty.org)  
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	\$ 109.00
Temporary Low Risk received 5 business days or more before event	\$ 59.00
Temporary received less than 5 business days before event	\$ 159.00
Temporary Non-Profit 5 business days or more before event	\$ 65.00
Temporary Non-Profit Low Risk 5 business days or more before event ( <i>requires prior approval</i> )	\$ 35.00
Temporary Non-Profit received less than 5 business days before event	\$ 115.00

***\*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.

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

\*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: \_\_\_\_\_