

# Michigan Department of Agriculture & Rural Development Food Service License Application

## Instructions to Applicant

### NEW APPLICATION

#### A. **Organization Details**

- Organization Name – The Name of the Corporation, LLC, Owner, Company, etc.
- Business Email and Phone Number
- Mailing Address, City, State, Zip – This is the location the license will get mailed too.

#### B. **License Details**

- Select License Type – The Information needed to be filled in will be based on the license type selected.
- Location Name – **All License Types**
- Location Address, City, State, Zip – **All License Types**
- Business Name on Vehicle – **Mobile Establishment, Special Transitory Food Unit**
- VIN Number, Vehicle Make, License Plate No. & State – **Mobile Establishment, Special Transitory Food Unit**
- Commissary/Related License Number – **Mobile Establishment**

#### C. **Payment Information**

- Contact your local health department for the fee.

#### D. **Authorized Agent Information**

- Required Fields
  - i. Printed Name & Title
  - ii. Signature & Date

#### E. **Submitting Application**

- Return the completed application form along with the fee to your local health department

Mail Application and Fee Payable to *(Please Contact your local health dept. for this information):*

### **Definitions**

#### **Special Transitory Food Unit (STFU):**

Means a temporary food service establishment that operates throughout the state without the 14-day limit.

#### **Mobile Food Service Establishment:**

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.



## Food Service License New Application

License Application must be completed in accordance with provisions of the Michigan Food Law, Public Act 92 of 2000, as amended.

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

### ORGANIZATION DETAILS

Organization/Owner Name (Name of LLC, Corporation, Individual Owner, etc.)

Business Email

Business Phone Number (###)###-####

Mailing Address

City

State

Zip

### LICENSE DETAILS

License Type (Select One)

Food Service - Fixed Establishment

Food Service - Mobile Establishment

Food Service - Mobile Commissary

Food Service - Special Transitory Food Unit

Location Name (Enter the Business or Establishment Name, Include the Store Number if Applicable)

Location Street Address

Location City

Location State

Location Zip

Location Phone Number (###)###-####

Seasonal License

Yes

No

### MOBILE ESTABLISHMENT INFORMATION

Business Name on Vehicle

VIN Number

Vehicle Make



License Plate No. & State

Commissary/Related License Number



### FEES DUE

Total Fee Due

Mail Application and  
Make Checks Payable to:

### AUTHORIZED AGENT CONTACT

Authorized by the Owner to Manage the License  
Enter the Name and Information of the Owner or Agent

Contact Name

Phone Number (###)###-####

Email

Title

Signature of Authorized Agent

I Certify That This Information Is Accurate

Date (MM/DD/YYYY)

### INTERNAL USE ONLY

This Area for Local Health Department Use  
Amount Received

Date Received (MM/DD/YYYY)

Check/Transaction/Receipt Number

Decal Number:

LHD County and Number

Exemptions

State

Local

Veteran

Signature of Health Department Representative

Date (MM/DD/YYYY)