



ST. CLAIR COUNTY HEALTH DEPARTMENT



Environmental Health Division
3415 28th Street Port Huron MI 48060
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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	\$ 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***

<p><u>Temporary Food Establishment Supply Kits available:</u> (\$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.</p> <p>Save time and energy traveling around town for supplies; purchase one today!</p>	<p>IMPORTANT NOTICE!</p> <p>Michigan's Smoke free Law began May 1, 2010.</p> <p>This law applies to any temporary food service area that serves / sells food and beverages.</p>
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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.

- | | | |
|---|---|--|
| <p>A Hand Wash Station</p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p> | <p>B Cooking/Reheating Equipment</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p> | <p>C Cold/Hot Holding Equipment</p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input type="checkbox"/> Other _____</p> |
| <p>D Floor/Overhead Protection*</p> <p><input type="checkbox"/> Food is prepared & served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable
Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p>E Cleaning/Sanitizing</p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p>F Other</p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)
Municipal/City Water Well Bottled</p> |

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

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: _____