



In accordance with 2000 Public Act No. 92, as amended.

Food Establishment License Application

License Year Ending: _____ Status: New Renewal Temporary No Longer Needed
 If Renewal, Unique ID or License No. of Establishment _____

Business Information

Business Name: _____
 Business Address: _____
 City: _____ State: _____
 County: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____
 Business Email: _____
 Mailing address if different from above: Street or P.O. Box: _____

 City: _____ State: _____ County: _____ Zip: _____

Blank Space
 For Official Use Only

Corporate/Owner Information

Ownership Type: Sole Ownership Joint Tenant Partnership L.L.C. Corporation
 Corporation: _____
 Owner/President (CEO) Name: _____ Date of Birth: _____
 Street Address of Corporation or Owner: _____
 City: _____ State: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____ Business Email: _____
 Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID #

License Fees (Please indicate all that apply)

<p>\$28.00 Fee</p> <p><input type="checkbox"/> FTM- Temporary Food Establishment Operates 14 consecutive days or less excluding fairs. AOBJ:0435</p> <p><input type="checkbox"/> FSF- State or County fair only AOBJ: 0435</p>	<p>\$70.00 Fee</p> <p><input type="checkbox"/> FRF- Retail Food Establishment AOBJ: 0430</p> <p><input type="checkbox"/> FLP- Limited Wholesale Food Processor with \$25,000.00 or less in annual gross sales. AOBJ: 0433</p> <p><input type="checkbox"/> FFW- Food Warehouse AOBJ: 0438</p>	<p>\$135.00 Fee</p> <p><input type="checkbox"/> FST- Special Transitory Food Unit (STFU) AOBJ: 0436</p>	<p>\$175.00 Fee</p> <p><input type="checkbox"/> FRE- Extended Retail Food Establishment (grocery with both food service and seating available – AOBJ: 0431</p> <p><input type="checkbox"/> FFP- Wholesale Food Processor – AOBJ: 0432</p> <p><input type="checkbox"/> FMC- Mobile Food Commissary (Serving mobile grocery) – AOBJ: 0437</p> <p><input type="checkbox"/> FMF- Mobile Food License Plate No. _____ – AOBJ: 0434</p>
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New Location – anticipated opening date of business: _____ Is this a seasonal agricultural business: Yes No
 Payment Method: Check/Money Order No.: _____ Amount enclosed: _____
Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____
 Please print your name here: _____
 Title: _____