

Michigan Department of Agriculture and Rural Development

P.O. Box 30746, Lansing, MI 48909 • 517-241-6666

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: _____

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)

\$28.00 Fee

- FTM**- Temporary Food Establishment Operates 14 consecutive days or less excluding fairs. AOBJ: 0435
- FSF**- State or County fair only AOBJ: 0435

\$70.00 Fee

- FRF**- Retail Food Establishment AOBJ: 0430
- FLP**- Limited Wholesale Food Processor with \$25,000.00 or less in annual gross sales. AOBJ: 0433
- FFW**- Food Warehouse AOBJ: 0438

\$137.00 Fee

- FST**- Special Transitory Food Unit (STFU) AOBJ: 0436

\$175.00 Fee

- FRE**- Extended Retail Food Establishment (grocery with both food service and seating available) – AOBJ: 0431
- FFP**- Wholesale Food Processor – AOBJ: 0432
- FMC**- Mobile Food Commissary (Serving mobile grocery) – AOBJ: 0437
- FMF**- Mobile Food License Plate No. _____ – AOBJ: 0434

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: _____