



Farmers Market Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Farmer Market Name: _____

Address(Location), ZIP _____

On-site Contact Phone: _____

<p align="center">Market Manager</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City, State: _____</p> <p>Zip: _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail : _____</p>	<p align="center">Commissary information (if applicable)</p> <p>Name: _____</p> <p>License #: _____</p> <p>City, State: _____</p> <p>Address:: _____</p> <p>Zip : _____ Phone # _____</p> <p>E-Mail : _____</p>
<p>List of support vehicles (e.g., stock truck, refrigerator truck):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Location of offsite storage (i.e., where equipment, utensils, dry goods, etc will be stored between operation times)</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip : _____ Phone # : _____</p> <p>E-Mail : _____</p>

Please list the name and phone number of primary contact:

For reviewing agency use only:

Fee \$: _____

Check #: _____

Date: _____

Receipt #: _____

Plan Review #: _____

Assigned to: _____

Remarks: _____

www.michigan.gov/mdard, keyword: Food Plan Review

