

1. Check one:	2. Check one:
<input type="checkbox"/> Renewal License Application	<input type="checkbox"/> Fixed Establishment
<input type="checkbox"/> New Owner	<input type="checkbox"/> Mobile
<input type="checkbox"/> New Est. or New Location	<input type="checkbox"/> Mobile Commissary
	<input type="checkbox"/> Special Transitory Food Unit (STFU)

## FOOD SERVICE LICENSE APPLICATION

**Michigan Department of Agriculture & Rural Development**  
 As required by Act 92, Public Acts of 2000, as amended  
 For license year ending:  
**April 30, 2020**

License No. L2000ID

Mailing Address (Number & Street, Box or Route)

City State Zip Code

**5. Applicant Information - MUST BE COMPLETED**  
 I certify that this information is accurate

<b>Signature</b> X	<b>Date</b>
-----------------------	-------------

**Printed name of owner or authorized agent**

**3. Business & Owner Information**

Name of Establishment or Business (type or print)

Establishment Address (Number & Street, Box or Route)

City	Zip	County of Location
------	-----	--------------------

Name of Owner (First, MI, Last) (Individual or Corporation)

Owner's Address

City	State	Zip Code
------	-------	----------

<b>Title</b>	<b>E-Mail</b>
--------------	---------------

<b>Establishment Phone No.</b>	<b>Home Phone No.</b>
--------------------------------	-----------------------

<b>Fax No.</b>	<b>Emergency Phone No.</b>
----------------	----------------------------

**4. Mobile Establishment Licensing Information**

Decal No. (Health Dept. Issued)	VIN No.
---------------------------------	---------

Vehicle Make	License Plate No. & State
--------------	---------------------------

Business Name on Vehicle	Commissary License No.
--------------------------	------------------------

**6. Renewal Due Date: April 30, 2019**  
**Amount Due: \$** \_\_\_\_\_

If renewal application is submitted after April 30, 2019 add \$ \_\_\_\_\_

Make check payable to your local health department.

Mail application and fee payable to:

**THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE**

**Delete License**

Fee Exempt State:      Yes      No

Fee Exempt Local:      Yes      No      License Limitation

Fee Exempt Veteran:      Yes      No      STFU Last 2 Fee Inspection Dates:

LHD: Retain copy of Act 359  
 Veteran's License      Date:      Date:

License No.	Seasonal Establishment (check if seasonal)	
-------------	--	--

Amount Received	LHD No.	Civil Division
-----------------	---------	----------------

	Receipt No.	Check No.
--	-------------	-----------

Signature of Health Department Representative	Date
---	------

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

## Instructions to Applicant

### Renewal Application

- A. **Review Sections 1-4 for accuracy.** Please review the pre-printed application and make any necessary corrections. Please pay special attention to the facility name and address.
- a. **DO NOT USE THE RENEWAL FORM IF ONE OF THE FOLLOWING APPLY:**
- ✓ Change of ownership
  - ✓ Change in the physical location of establishment
  - ✓ Change of license type
- b. If one of these situations apply, fill out a new license application. To obtain a new "Food Service License Application", contact your local health department or download the form at: [www.michigan.gov/mdard](http://www.michigan.gov/mdard)
- c. (Licensing, Food Industries), or click on keyword and enter "foodserviceapp". The pre-printed renewal form should be returned to the local health department along with the new application.
- B. **Complete Section 5. Be sure to sign the application.**
- C. **Include license fee** amount shown in Section 6. Make checks payable to your local health department.
- D. **Special Transitory Food Unit (STFU) renewal applications.** If you are a Special Transitory Food Unit (STFU) as identified in box #2 on the application, you must include a copy of the two paid inspections, along with your application form and check.
- E. **Mail to your local health department before April 30, 2019 to avoid a late fee.**

### New Application

- A. Complete all applicable parts of Sections 1-5. **Be sure to sign the application.**
- B. Contact your local health department for fee and mailing address if not shown in Section 6. Make checks payable to your local health department.
- C. Return completed application form along with the fee to your local health department.

### Definitions

<b>Special Transitory Food Unit (STFU):</b> Means a temporary food service establishment that operates throughout the state without the 14 day limit.	<b>Mobile Food Service Establishment:</b> 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.
--	--