

Michigan Department of Agriculture & Rural Development

New Food Establishment Application



P.O. BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
 In Accordance with Public Act No. 92 of 2000, as amended

Limited Wholesale Food Processor
Wholesale Food Processor

| | | | |
|--|---------|-----------|---------------------|
| STEP 1: ORGANIZATION INFORMATION | | | |
| *Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Individual | | | |
| *Organization Name: | | | |
| **Federal Identification #: | | | |
| Email Address: | | | |
| *Mailing Address: | | | |
| *City: | *State: | *Zip: | Office Use Only |
| | | | Temp #: |
| | | | Inspector Initials: |
| | | | Inspected On: |
| STEP 2: BUSINESS INFORMATION | | | |
| *Business Name: | | | |
| *Address: | | | |
| *City: | *State: | *Zip: | *County: |
| STEP 3: CONTACT INFORMATION | | | |
| *Primary Contact Name: | | *Phone: | |
| Email: | | *Address: | |
| *City: | *State: | *Zip: | *Country: |
| v Michigan Resident Agent Required if Organization & Previous contact addresses are outside the State of Michigan | | | |
| Additional Contact Name: | | Phone: | |
| Email: | | Address: | |
| City: | State: | Zip: | Country: |
| STEP 4: LICENSE DETAILS | | | |
| *Annual Gross Wholesale Food Sales? (Select One): <input type="checkbox"/> \$25,000 or Less <input type="checkbox"/> Over \$25,000 | | | |
| *Seasonal Agricultural Business? (Select One): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| *Do you conduct wholesale sales of shellfish? (Select One): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| STEP 5: FOOD ESTABLISHMENT FEES - Make check/money orders payable to the State of Michigan | | | |
| Limited Wholesale Food Processor (\$25,000 or Less): \$186.00 (Nonrefundable) | | | (1433) |
| Wholesale Food Processor (Over \$25,000): \$471.00 (Nonrefundable) | | | (1432) |
| Shellfish Certification (If adding a Shellfish Certification to the license): \$150.00 | | | (1412) |

I hereby verify and affirm that all information contained in this application is true and accurate.

Signature:

* Please note that all fields marked with an asterisk (*) are required and must be completed in order to process your license application
 ** Please note Federal Identification Number is not required for Individual Ownership Types