

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

- | | |
|---|---|
| <input type="checkbox"/> Food Warehouse | <input type="checkbox"/> Mobile Food Commissary |
| <input type="checkbox"/> Retail Food Establishment | <input type="checkbox"/> Temporary Food Establishment |
| <input type="checkbox"/> Extended Retail Food Establishment | |

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:	
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			
*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 <small>(Only Required for Food Warehouse)</small>			
STEP 5: FOOD ESTABLISHMENT FEES (Nonrefundable) - Make check/money orders payable to the State of Michigan			
Food Warehouse: \$186.00	(1438)	Retail Food Establishment: \$186.00	(1430)
Extended Retail Food Establishment: \$471.00	(1431)	Mobile Food Commissary: \$192.00	(1437)
Temporary Food Establishment: \$73.00	(2435)	Shellfish Certification: \$150.00	(1412)

Office Use Only
 Temp #:
 Inspector Initials:
 Inspected On:

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