FI-231 (07/14)

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: _____

Main Contact: _____ Email: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Primary Phone: _____ Cell Phone: _____ Fax : _____

Alternative Contact: Name: _____ Phone: _____

PUBLIC EVENT INFORMATION: Name of Public Event: _____

Food Service Start Date: ____/____/____ Serving Start Time: _____ AM/PM

Ending Date: ____/____/____ End Time: _____ AM/PM

When will food preparation begin? Date: ____/____/____ Starting Time: _____AM/PM

Event Location (Name & Address): _____

Event Coordinator Name: _____ Phone: _____

If Applicable, Non Profit Tax ID #: _____

I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.

Applicant Name (Print) _____

Applicant Signature: _____ Date: _____

Estimated Number of Meals to be Served Each Day: _____

EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

A Hand Wash Station

- ❑ Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket
- ❑ Hand sink
- ❑ Self-contained portable unit
- ❑ Other _____

B Cooking/Reheating Equipment

- ❑ Grill/BBQ
- ❑ Fryer
- ❑ Oven
- ❑ Roaster
- ❑ Other _____

C Cold/Hot Holding Equipment

- ❑ Ice chest/cooler with ice
- ❑ Refrigerator
- ❑ Freezer
- ❑ Steam table
- ❑ Grill/BBQ
- ❑ Chafing dish w/ fuel
- ❑ Slow cooker/roaster
- ❑ Other _____

D Floor/Overhead Protection*

- ❑ Food is prepared & served indoors
- ❑ Floors are cleanable and Impermeable
  Describe: _____
- ❑ Canopy/tent
- ❑ Screening
- ❑ Other _____

E Cleaning/Sanitizing

- ❑ Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- ❑ Extra utensils
- ❑ Bucket with sanitizing solution and wiping cloth(s)
- ❑ Sanitizer

F Other

- ❑ Chemical test strips to test sanitizer solution
- ❑ Metal stem thermometer
- ❑ Gloves
- ❑ Hair restraints
- ❑ Electricity available
- ❑ Water source (circle all that apply)

  Municipal/City Water Well Bottled

*If extensive food handling occurs, it must be done in a fully enclosed space.

FOOD PREPARATION AND MENU: Only food and beverage items listed will be approved to serve. Approval for any changes must be requested before the event.

Food	G Food Source (place/facility where food is purchased)	H Off-Site Prep Yes/No *1	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling? *2	N Hot holding equipment used?
Example:								
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table

*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)
*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

FOR LOCAL HEALTH DEPARTMENT USE:

Notes:

Amount Paid: _____ Receipt Number: _____

ADDENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ allow _____
Licensed Food Service Operator/Owner *Organization*

to use _____ _____
Name & Address of Licensed Facility Used *Facility License Number*

For: _____ Food Preparation _____ Cold Food Storage _____ Cooking _____ Cooling Food _____ Hot Holding

_____ Dry Food Storage _____ Warewashing _____ Approved Water Supply _____ Waste water Disposal

_____ Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____ Time of use: _____ AM/PM to _____ AM/PM

_____ _____
Signature of Licensed Facility *Owner/Operator* *Date*

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____