

Michigan Department of Agriculture and Rural Development

Bureau of Food Safety and Animal Health

Instructions for New Application

Section A – Organization Details

- Organization Name – The Name of the Corporation, LLC, Owner, Company, Etc.
- Business Email and Phone Number
- Mailing Address, City, State, Zip – This is the location the license will get mailed too

Section B – Licensing Details

- Select License Type – The Information needed to be filled in will be based on the license type selected.
- Location Name – **All License Types**
- Location Address, City, State, Zip – **All License Types**
- Business Name on Vehicle – **Mobile Establishment, Special Transitory Food Unit**
- VIN Number, Vehicle Make, License Plate No. & State – **Mobile Establishment, Special Transitory Food Unit**
- Commissary/Related License Number – **Mobile Establishment**

Section C – Payment Information

- Contact your local health department for the fee

Section D – Authorized Agent Information

- Required Fields
 - Print Name & Title
 - Signature & Date

RETURN THE COMPLETED APPLICATION FORM ALONG WITH THE FEE TO YOUR LOCAL HEALTH DEPARTMENT

Mail Application and Fee Pable to (Please Contact your local health dept. for this information)

Definitions

Special Transitory Food Unit - Means a temporary food service establishment that operates throughout the state without the 14-day limit.

Mobile Food Service Establishment - 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.

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New Food Service License Application

License Application must be completed in accordance with provisions of the Michigan Food Law, Public Act 92 of 2000, as amended.

SECTION A: ORGANIZATION INFORMATION

Ownership Name:

Email Address:

Mailing Address:

City:

State:

Zip:

STEP B: LICENSING DETAILS

License Type (Select One):

Food Service – Fixed Establishment

Food Service – Mobile Establishment

Food Service – Mobile Commissary

Food Service – Special Transitory Food Unit

Location Name:

Location Address:

Location City:

Location State:

Location Zip:

Location Phone Number:

Seasonal: Yes No

MOBILE ESTABLISHMENT INFORMATION

Business Name of Vehicle:

VIN:

*Vehicle Make:

License Plate No. & State:

Commissary/Related License Number:

SECTION C: PAYMENT INFORMATION

Total Fee Due:

Mail Application and Check Payable to:

STEP D: AUTHORIZED AGENT

Contact Name:

Phone Number:

Email:

Title:

Signature:

Date:

INTERNAL USE ONLY – This Area for Local Health Department Use

Amount Received:

Date Received:

Check/Transaction/Receipt Number:

Decal Number:

LHD County Number:

Exemptions: State Local Veteran

Signature of LHD Representative:

Date: