

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, 2022

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

Signature X	Date
-----------------------	-------------

Printed name of owner or authorized agent

3. Business & Owner Information

Name of Establishment or Business (type or print)

Title	E-Mail
--------------	---------------

Establishment Address (Number & Street, Box or Route)

Establishment Phone No.	Home Phone No.
--------------------------------	-----------------------

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

Fax No.	Emergency Phone No.
----------------	----------------------------

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

6. Renewal Due Date: April 30, 2021
Amount Due: \$ _____

Owner's Address

If renewal application is submitted after April 30, 2021 add \$ _____

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

4. Mobile Establishment Licensing Information

Make check payable to your local health department.

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

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

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

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:
<small>LHD: Retain copy of Act 359 Veteran's License</small>		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 (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 30th 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

Special Transitory Food Unit (STFU):

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.