TEMPORARY FOOD SERVICE

Dear Applicant:

This application is provided for temporary food service operators who are unable to apply for licenses in person. A separate application must be completed for each temporary food service establishment. Please provide all the information requested. It is important that a daytime telephone number be provided so we can contact you prior to the event to verify the menu and explain general operational requirements.

2020 Temporary Food Service License Fees:

- Application received 5 or more full business days prior to event start date $129.00 *
- Application received 1 - 4 full business days prior to event start date $237.00 *

* Religious, charitable, fraternal, service, civic or other non-profit organizations are exempt from paying the State portion of the license fee; and, therefore, should deduct $4.00 from the fee amounts.

Please be advised that the Macomb County Health Department requires all temporary food applications and fees to be received in the office at least one full business day prior to the scheduled event. Your temporary set-up will NOT be permitted to operate if application is received less than one full business day in advance of the event. Refunds for cancellations will be made only if this department is contacted in advance of the scheduled date of the event.

Should you have questions regarding completion of this form or requirements for temporary food service establishments, please contact this Department at either 586-469-5236 or 586-465-8030.

REQUESTS RECEIVED LESS THAN 1 BUSINESS DAY PRIOR TO THE EVENT WILL NOT BE PROCESSED

MAIL TO: MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH ROAD
MT. CLEMENS, MICHIGAN 48043
586-469-5236
Office Hours: 8:30 a.m. – 5:00 p.m. / Monday – Friday

FOR M.C.H.D. USE ONLY

Receipt Number: ___________ Date: ________________________________
License Number: ____________
**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: _____________________________

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

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*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:  _____________________

If Applicable, Non Profit Tax ID #:  ____________________________________________________________

*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.

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

Example:

*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: ____________________________________________________________________________________________