

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 <b>X</b>	Date
Printed name of owner or authorized agent	

**3. Business & Owner Information**

Name of Establishment or Business (type or print)

Establishment Address (Number & Street, Box or Route)

City Zip County of Location

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

Owner's Address

City State Zip Code

Title	E-Mail
Establishment Phone No.	Home Phone No.
Fax No.	Emergency Phone No.

MAKE PAYABLE TO: MACOMB COUNTY HEALTH DEPARTMENT

SEATS	FEE
( ) 0 - 30	\$361.00
( ) 31 - 50	\$429.00
( ) 51 - 100	\$462.00
( ) 101 - 150	\$528.00
( ) 151 +	\$627.00
( ) SCHOOL	\$223.00
( ) NON-PROFIT	\$ 66.00

**LATE FEE: ADD \$5.00 PER DAY AFTER APRIL 30<sup>TH</sup>**

**4. Mobile Establishment Licensing Information**

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:

**Macomb County Health Department  
Central Health Service Center  
43525 Elizabeth Road  
Mount Clemens, MI 48043**

**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:

LHD: Retain copy of Act 359                      Date:                      Date:  
Veteran's License

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](http://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 30<sup>th</sup> 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.