

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, 2023

License No. L20001D

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)

Establishment Address (Number & Street, Box or Route)

City Zip County of Location

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

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

Owner's Address

City State Zip Code

6. Renewal Due Date: April 30, 2022
Amount Due: \$ _____

MAKE PAYABLE TO: MACOMB COUNTY HEALTH DEPARTMENT

SEATS	FEE
() 0 - 30	\$369.00
() 31 - 50	\$438.00
() 51 - 100	\$471.00
() 101 - 150	\$539.00
() 151 +	\$640.00
() SCHOOL	\$228.00
() NON-PROFIT	\$ 67.00

LATE FEE: ADD \$5.00 PER DAY AFTER APRIL 30TH

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.

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