

Michigan Department of Agriculture & Rural Development Food Service License Application

Instructions to Applicant

THE FOLLOWING CHANGES REQUIRE A NEW APPLICATION TO BE FILLED OUT:

- Change of Organization
- Change of Location Address
- Change of License Type

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: [MDARD - How to Apply for a Food Service License \(michigan.gov\)](#)

NEW APPLICATION

A. **License Type**

- Please select the license type you are applying for

B. **Organization Information**

- Required Fields
 - i. Organization Name – The Name of the Corporation, LLC, Owner, Company, etc.
 - ii. Mailing Address, City, State, Zip

C. **Business Information**

- Required Fields will vary depending on the License Type select
 - i. Business/Mobile Establishment Name – All License Types
 - ii. Establishment Address, City, State, Zip – All License Types
 - iii. Commissary/Related License Number – Only applicable for Mobile Establishment Licenses

D. **Payment Information**

- Contact your local health department for the fee

E. **Authorized Agent Information**

- Required Fields
 - i. Printed Name & Title
 - ii. Signature & Date

F. **Submitting Application**

- Return the completed application form along with the fee to your local health department

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

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.

New Food Service License Application

Michigan Department of Agriculture & Rural Development
As Required by Act 92, Public Act of 2000, as amended

LICENSING PERIOD DATES – JANUARY 16th, 2023 TO APRIL 30th, 2024

LICENSE TYPE (Check One)

Food Service – Fixed Establishment

Food Service - Mobile Commissary

Food Service – Mobile Establishment

Food Service – Special Transitory Food Unit

ORGANIZATION INFORMATION

*Organization Name:

Email Address:

*Mailing Address:

*City:

*State:

*Zip:

BUSINESS INFORMATION

*Business/Mobile Establishment Name:

*Establishment Address:

*City:

*State:

*Zip:

Vehicle Identification Number (VIN):

Year:

*Commissary/Related License Number:

License Plate State:

License Plate Number:

Vehicle Make:

PAYMENT INFORMATION

APPLICATION FEE AMOUNT DUE: \$ _____

Submit Application and payment payable to your Local Health Department

AUTHORIZED AGENT INFORMATION

*Printed Name:

*Title:

Email:

Phone Number:

*Signature:

*Date:

FOR LOCAL HEALTH DEPARTMENT USE ONLY

Seasonal Establishment: Yes No

LHD County:

LHD Number:

EXEMPTIONS (CHECK ALL THAT APPLY):

State Fee Exempt: Yes No

Veteran Fee Exempt: Yes No

Local Fee Exempt: Yes No

STFU LAST TWO INSPECTION DATES

Date:

Date

Amount Received:

Check/Receipt/Transaction No.:

Signature of Health Department Representative:

Date: