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.

**2019 Temporary Food Service License Fees:**

- Application received 5 or more full business days prior to event start date $128.00 *
- Application received 1 - 4 full business days prior to event start date $235.00 *

* 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:__________

s:Environmental Health/Forms/Food/2019 Forms and Fee Labels/2019 Food Service-Temporary License Application Cover Page
01/19
MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

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: ____________________________

If Applicable, Non Profit Tax ID #: ____________________________

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: ____________________________

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

*If extensive food handling occurs, it must be done in a fully enclosed space.
<table>
<thead>
<tr>
<th>Equipment used?</th>
<th>Hot Holding</th>
<th>Some Cooling</th>
<th>Final Cook/Refer</th>
<th>Equipment used?</th>
<th>Cold Holding</th>
<th>K</th>
<th>Transport to O no. Site</th>
<th>J</th>
<th>O no. Site</th>
<th>I</th>
<th>Food Source</th>
<th>G</th>
<th>Food purchased (where food is prepared/facility)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>M</td>
<td>L</td>
<td></td>
<td>N</td>
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</tbody>
</table>

Notes:
1. If foods are made off-site, please fill out Appendix A (Commissioner Agreement).
2. If you plan to cool any food, contact your Inspector to discuss the method you would use.

Example:

- 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.