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, 2021

1. Check one:
   ____ Renewal License Application
   ____ New Owner
   ____ New Est. or New Location

2. Check one:
   ____ Fixed Establishment
   ____ Mobile
   ____ Mobile Commissary
   ____ Special Transitory Food Unit (STFU)

Mailing Address (Number & Street, Box or Route)
City: __________________________ State: __________ Zip Code: __________

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: __________

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. __________________________

5. Applicant Information - MUST BE COMPLETED
I certify that this information is accurate
Signature __________________________ Date __________

Printed name of owner or authorized agent __________________________

6. Renewal Due Date: April 30, 2020
Amount Due: $ __________

If renewal application is submitted after April 30, 2020 add $ __________

Mail application and fee payable to:

THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE

Delete License

Fee Exempt State: Yes __________ No __________
Fee Exempt Local: Yes __________ No __________
Fee Exempt Veteran: Yes __________ No __________

License Limitation

STFU Last 2 Fee Inspection Dates:
Date: __________ Date: __________

License No. __________________________ Seasonal Establishment (check if seasonal)

Amount Received __________________________ LHD No. __________________________
Civil Division __________________________

Receipt No. __________________________ Check No. __________________________

Signature of Health Department Representative __________________________ Date __________
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 30th 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**

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<thead>
<tr>
<th><strong>Special Transitory Food Unit (STFU):</strong></th>
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<tr>
<td>Means a temporary food service establishment that operates throughout the state without the 14 day limit.</td>
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<th><strong>Mobile Food Service Establishment:</strong></th>
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<tr>
<td>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.</td>
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2020-2021 application instructions