

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"/> Vending Location: # of machines
	<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, 2016**

License No.

L2000ID

Mailing Address (Number & Street, Box or Route)

City State Zip Code

### 6. Applicant Information - MUST BE COMPLETED

I certify that this information is accurate

Signature	Date
X	

Printed name of owner or authorized agent

### 3. Business & Owner Information

Name of Establishment or Business (type or print)

Title	E-Mail
-------	--------

Establishment Address (Number & Street, Box or Route)

Establishment Phone No.	Home Phone No.
-------------------------	----------------

City	Zip	County of Location
------	-----	--------------------

Fax No.	Emergency Phone No.
---------	---------------------

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

**Renewal Due Date: April 30, 2015**

Owner's Address

Amount Due: \$ \_\_\_\_\_

City	State	Zip Code
------	-------	----------

If renewal application is submitted after April 30, 2015 add \$ \_\_\_\_\_

### 4. Mobile Establishment Licensing Information

Decal No. (Health Dept. Issued)	VIN No.
---------------------------------	---------

Make check payable to your local health department.

Vehicle Make	License Plate No. & State
--------------	---------------------------

Business Name on Vehicle	Commissary License No.
--------------------------	------------------------

Mail application and fee payable to:

### 5. Vending Machine Location Information

Building Name and/or Building Number

**THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE**  
**Delete License**

Fee Exempt State: Yes No	License Limitation
Fee Exempt Local: Yes No	STFU Last 2 Fee Inspection Dates:
Fee Exempt Veteran: Yes No	Date: Date:

L2000ID (For MDARD Use)	Seasonal Establishment (check if seasonal)
-------------------------	--

License No.	LHD No.	Civil Division
-------------	---------	----------------

Amount Received	Receipt No.	Check No.
-----------------	-------------	-----------

Signature of Health Department Representative Recommending Approval	Date
---	------

# Michigan Department of Agriculture & Rural Development

## Food Service License Application

### Instructions to Applicant

#### Renewal Application

- A. **Review Sections 1-5 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)
- c. (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 6. Be sure to sign the application.**
- C. **Include license fee** amount shown in **Section 7**. 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, 2015 to avoid a late fee.**

#### New Application

- A. Complete all applicable parts of **Sections 1-6**. **Be sure to sign the application.**
- B. Contact your local health department for fee and mailing address if not shown in **Section 7**. Make checks payable to your local health department.
- C. Return completed application form along with the fee to your local health department.

#### Definitions

<p><b>Special Transitory Food Unit (STFU):</b> Means a temporary food service establishment that operates throughout the state without the 14 day limit.</p>	<p><b>Mobile Food Service Establishment:</b> 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.</p>
<p><b>Vending Machine Location:</b> Means a room, enclosure, space or area where one or more vending machines are installed and operated. When there is more than one vending machine location in a building, each shall be licensed separately.</p>	