

1. Check one if new or incorrect:	2. Check one if new or incorrect:
<input type="checkbox"/> Renewal License Application <input type="checkbox"/> New Owner <input type="checkbox"/> New Est. or Location	<input type="checkbox"/> Fixed Establishment <input type="checkbox"/> Mobile <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  
 As required by Act 92, Public Acts of 2000, as amended  
 For license year ending:  
**April 30, 2006**

License No. L2000ID

## 6. Applicant Information- MUST BE COMPLETED

I certify that this information is accurate

Signature <b>X</b>	Date
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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 Code	County of Location
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Mailing Address (Number & Street, Box or Route)

City	State	Zip Code
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Name of Owner (First, MI, Last) (Individual or Corporation)

Owner's Address

City	State	Zip Code
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City State Zip Code

## 4. Mobile Establishment Licensing Information

Decal No. (Health Dept. Issued)	VIN No.
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Vehicle Make	License Plate No. & State
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Business Name on Vehicle	Commissary License No.
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## 5. Vending Machine Location Information

Building Name and/or Building Number

## THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE

Delete License

Fee Exempt State: <input type="checkbox"/> Yes <input type="checkbox"/> No Fee Exempt Local: <input type="checkbox"/> Yes <input type="checkbox"/> No Fee Exempt Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>LHD: Retain copy of Act 359                  Veteran's License</small>	<input type="checkbox"/> License Limitation STFU Last 2 Fee Inspection Dates _____
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L2000ID (For MDA Use)	Seasonal Establishment: _____ (check if seasonal)
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License No.	LHD No.	Civil Division
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Amount Received	Receipt No.	Check No.
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Signature of Health Department Representative Recommending Approval	Date
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Title	E-Mail
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Establishment Phone No. ( )	Home Phone No. ( )
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Fax No. ( )	Emergency Phone No. ( )
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## 7. Payment Information

**Renewal Due Date: April 30, 2005**  
**Amount Due:** \_\_\_\_\_  
 If renewal application is submitted after April 30<sup>th</sup>,  
 add \$ \_\_\_\_\_  
 Make check payable to your local health department.

Mail application & fee payable to:

# Michigan Department of Agriculture 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/mda](http://www.michigan.gov/mda) (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 30th 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>	