Michigan Department of Agriculture & Rural Development
Food Service License Application

Instructions to Applicant

NEW APPLICATION

A. **Organization Details**
- Organization Name – The Name of the Corporation, LLC, Owner, Company, etc.
- Business Email and Phone Number
- Mailing Address, City, State, Zip – This is the location the license will get mailed too.

B. **License Details**
- Select License Type – The Information needed to be filled in will be based on the license type selected.
- Location Name – **All License Types**
- Location Address, City, State, Zip – **All License Types**
- Business Name on Vehicle – **Mobile Establishment, Special Transitory Food Unit**
- VIN Number, Vehicle Make, License Plate No. & State – **Mobile Establishment, Special Transitory Food Unit**
- Commissary/Related License Number –**Mobile Establishment**

C. **Payment Information**
- Contact your local health department for the fee.

D. **Authorized Agent Information**
- Required Fields
  i. Printed Name & Title
  ii. Signature & Date

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.

Michigan Department of Agriculture and Rural Development

Bureau of Food Safety and Animal Health

Food Service License New Application

License Application must be completed in accordance with provisions of the Michigan Food Law, Public Act 92 of 2000, as amended.

LICENSING PERIOD DATES – JANUARY 16, 2025 TO APRIL 30, 2026

SECTION A: ORGANIZATION DETAILS

Organization/Owner Name (Name of LLC, Corporation, Individual Owner, etc.)

Business Email

Business Phone Number (###)###-####

Mailing Address

City | State | Zip

SECTION B: LICENSE DETAILS

License Type (Select One)

☐ Food Service - Fixed Establishment ☐ Food Service - Mobile Establishment
☐ Food Service - Mobile Commissary ☐ Food Service - Special Transitory Food Unit

Location Name (Enter the Business or Establishment Name, Include the Store Number if Applicable)

Location Street Address

Location City | Location State | Location Zip

Location Phone Number (###)###-####

Seasonal License ☐ Yes ☐ No

MOBILE ESTABLISHMENT INFORMATION

Business Name on Vehicle

VIN Number | Vehicle Make

License Plate No. & State | Commissary/Related License Number

SECTION C: PAYMENT INFORMATION

Mail Application and Make Checks Payable to:

Total Fee Due

$

SECTION D: AUTHORIZED AGENT INFORMATION

Authorized by the Owner to Manage the License
Enter the Name and Information of the Owner or Agent

Contact Name

Phone Number (###)###-####

Email

Title

Signature of Authorized Agent
I Certify That This Information Is Accurate

X

Date (MM/DD/YYYY)

INTERNAL USE ONLY

This Area for Local Health Department Use
Amount Received

Date Received (MM/DD/YYYY)

Check/Transaction/Receipt Number

Decal Number:

LHD County and Number

Exemptions

☐ State ☐ Local ☐ Veteran

Signature of Health Department Representative

X

Date (MM/DD/YYYY)