

# 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, 2018**

License No

L2000ID

1.Type of Application:	2.Type of Establishment:
<input type="checkbox"/> Renewal License Application	<input type="checkbox"/> Fixed Establishment
<input type="checkbox"/> New Owner	<input type="checkbox"/> Mobile
<input type="checkbox"/> New Establishment/Location	<input type="checkbox"/> Mobile Commissary
	<input type="checkbox"/> STFU

Mailing Address:

  
  
  

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
Mailing Address (Number & Street, Box or Route)		
City	State	Zip Code
Name of Owner (Individual or Corporation)		
Owner's Address:		
City	State	Zip

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.	
Date	Title
Signature (REQUIRED) <b>X</b>	
Printed name of owner or authorized agent:	
E-Mail	
Establishment Phone No. ( ) ( )	Home Phone No. ( ) ( )
Fax No. ( ) ( )	Emergency Phone No. ( ) ( )

**THIS AREA FOR LOCAL HEALTH DEPARTMENT USE**

<input type="checkbox"/> <b>Delete License</b>	<input type="checkbox"/> License Limitation  STFU Last 2 Fee Inspection Dates: _____	Date Received
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"/> Seasonal Establishment	
L2000ID (For MDA Use)-State Facility ID #	LHD No	Civil Division
License No.	Payment ID	Check No.
Amount Received		
Signature of Health Department Representative Recommending Approval		Date Approved

6. Payment Information
Renewal Due Date: March 31, 2017
<b>Amount Due:</b>
If renewal application is submitted after March 31 <sup>st</sup> , add <b>\$ 125.00</b> to your fee
Mail completed application & fee payable to:
<b>HDNW</b> <b>220 WEST GARFIELD</b> <b>CHARLEVOIX, MI 49720</b>

# Michigan Department of Agriculture Food Service License Application

## Instructions to Applicant

### Renewal Application

- A. Review **Sections 1-3** 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.nwhealth.org](http://www.nwhealth.org). (Click on Environmental Health, select Food Service – Food-Restaurant. Then click on Food Service License Application on the right side of screen. Print this form and fill out completely. The pre-printed renewal form you received should also be returned to the local health department along with the new application.)
- B. Mobile Food Units (those with the license prefix "SMF") must complete **Section 4**. (Refer to definition below.)
- C. Complete **Section 5**. **Certified Manager Information is required and be sure to sign the application.**
- D. Include license fee amount shown in **Section 6**. Make checks payable to HDNW.
- E. *Special Transitory Food Unit (STFU) renewal applications:* If you are a Special Transitory Food Unit (STFU) as identified in box #2 on application, you must include a copy of the two paid inspections along with your application form and check. (Refer to definition below.)
- F. Application and fee must be **received** by March 31<sup>st</sup> to avoid a late fee. Mail your application and fee to:
- HEALTH DEPARTMENT OF NORTHWEST MICHIGAN  
220 WEST GARFIELD  
CHARLEVOIX, MI 49720

### New Application

- A. Complete all applicable parts of **Sections 1-5**. **Certified Manager Information is required and be sure to sign the application.**
- B. Contact the HEALTH DEPARTMENT OF NORTHWEST MICHIGAN at 231-547-6523 for fee and mailing address if not shown in **Section 6**. Make checks payable to HDNW.
- C. Return completed application form along with the fee to:
- HEALTH DEPARTMENT OF NORTHWEST MICHIGAN  
220 WEST GARFIELD  
CHARLEVOIX, MI 49720

### 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.