

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"/> 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, 2023**

License No.

L2000ID

Mailing Address (Number & Street, Box or Route)

**5. Applicant Information - MUST BE COMPLETED**  
I certify that this information is accurate

<b>Signature</b> X	<b>Date</b>
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**Printed name of owner or authorized agent**

**3. Business & Owner Information**

Name of Establishment or Business (type or print)

<b>Title</b>	<b>E-Mail</b>
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Establishment Address (Number & Street, Box or Route)

<b>Establishment Phone No.</b>	<b>Home Phone No.</b>
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City                      Zip                      County of Location

<b>Fax No.</b>	<b>Emergency Phone No.</b>
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Name of Owner (First, MI, Last) (Individual or Corporation)

**6. Renewal Due Date: March 31, 2022**  
Amount Due: \$ \_\_\_\_\_

Owner's Address

The following fees will be applied for submission after March 31st:

City                      State                      Zip Code

April 1, 2022 **\$100** Late Application fee.

**4. Mobile Establishment Licensing Information**

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

May 1, 2022 **\$150** License Expiration fee.

Vehicle Make                      License Plate No. & State

Business Name on Vehicle      Commissary License No.

**Mail application and fee payable to:**

HDNW  
220 WEST GARFIELD  
CHARLEVOIX, MI 49720

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

Fee Exempt State:      Yes      No

Fee Exempt Local:      Yes      No      \_\_\_ License Limitation

Fee Exempt Veteran:      Yes      No      STFU Last 2 Inspection Dates:

LHD: Retain copy of Act 359  
Veteran's License

Date:                      Date:

*Date Stamp (LHD Use Only)*

License No.                      Seasonal Establishment                      (check if seasonal)

Amount Received                      LHD No.                      Civil Division




Payment ID                      Check No.

Signature of Health Department Representative                      Date Approved

# Michigan Department of Agriculture & Rural Development Food Service License Application

## Instructions to Applicant

### 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.nwhealth.org](http://www.nwhealth.org)
- c. 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 March 31, 2022 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

<b>Special Transitory Food Unit (STFU):</b> Means a temporary food service establishment that operates throughout the state without the 14 day limit.	<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.
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