



Health Department

Environmental Health Services Division
43525 Elizabeth Road
Mount Clemens, Michigan 48043-1078
Phone: 586-469-5236 Fax: 586-469-6534
email:environmental.health@macombgov.org
www.macombgov.org/health

TEMPORARY FOOD SERVICE

Dear Applicant:

This application is provided for temporary food service operators who are unable to apply for licenses in person. A separate application must be completed for each temporary food service establishment. Please provide all the information requested. It is important that a daytime telephone number be provided so we can contact you prior to the event to verify the menu and explain general operational requirements.

2024 Temporary Food Service License Fees:

Application received 5 or more full business days prior to event start date \$149.00 \*
Application received 1 - 4 full business days prior to event start date \$275.00 \*

\* Religious, charitable, fraternal, service, civic or other non-profit organizations are exempt from paying the State portion of the license fee; and, therefore, should deduct \$4.00 from the fee amounts.

Please be advised that the Macomb County Health Department requires all temporary food applications and fees to be received in the office at least one full business day prior to the scheduled event. Your temporary set-up will NOT be permitted to operate if application is received less than one full business day in advance of the event. Refunds for cancellations will be made only if this department is contacted in advance of the scheduled date of the event.

Should you have questions regarding completion of this form or requirements for temporary food service establishments, please contact this Department at either 586-469-5236 or 586-465-8030.

REQUESTS RECEIVED LESS THAN 1 BUSINESS DAY PRIOR TO THE EVENT WILL NOT BE PROCESSED

- Ownership: Individual, Partnership, Corporation or Firm, Governmental, Religious, Charitable, Fraternal, Civic, Other

MAIL TO: MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH ROAD
MT. CLEMENS, MICHIGAN 48043
586-469-5236

Office Hours: 8:30 a.m. – 5:00 p.m. / Monday – Friday

FOR M.C.H.D. USE ONLY

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

# MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

**APPLICANT/BUSINESS CONTACT INFORMATION:**

Organization/Business Name: \_\_\_\_\_  
 Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax : \_\_\_\_\_  
 Alternative Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PUBLIC EVENT INFORMATION:** Name of Public Event: \_\_\_\_\_

Food Service Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Serving Start Time: \_\_\_\_\_ AM/PM  
 Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Time: \_\_\_\_\_ AM/PM  
 When will food preparation begin? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Time: \_\_\_\_\_ AM/PM  
 Event Location (Name & Address): \_\_\_\_\_  
 Event Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If Applicable, Non Profit Tax ID #: \_\_\_\_\_

**I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.**

Applicant Name (Print) \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Estimated Number of Meals to be Served Each Day:** \_\_\_\_\_

**EQUIPMENT LIST:**

Identify equipment used at your temporary food establishment. Check all boxes that apply.

- |   |   |  |
|---|---|--|
| <p><b>A Hand Wash Station</b></p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p>                  | <p><b>B Cooking/Reheating Equipment</b></p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p>  | <p><b>C Cold/Hot Holding Equipment</b></p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input type="checkbox"/> Other _____</p> |
| <p><b>D Floor/Overhead Protection*</b></p> <p><input type="checkbox"/> Food is prepared &amp; served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable<br/>Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p><b>E Cleaning/Sanitizing</b></p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p><b>F Other</b></p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)<br/>Municipal/City    Water Well    Bottled</p>           |

\*If extensive food handling occurs, it must be done in a fully enclosed space.



# ADDENDUM A:

## COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

**Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:**

I, \_\_\_\_\_ allow \_\_\_\_\_  
*Licensed Food Service Operator/Owner* *Organization*

to use \_\_\_\_\_  
*Name & Address of Licensed Facility Used* *Facility License Number*

For: \_\_\_\_\_ Food Preparation \_\_\_\_\_ Cold Food Storage \_\_\_\_\_ Cooking \_\_\_\_\_ Cooling Food \_\_\_\_\_ Hot Holding

\_\_\_\_\_ Dry Food Storage \_\_\_\_\_ Warewashing \_\_\_\_\_ Approved Water Supply \_\_\_\_\_ Waste water Disposal

\_\_\_\_\_ Other: \_\_\_\_\_

Date(s) Licensed Facility will be used for this event: \_\_\_\_\_ to \_\_\_\_\_ Time of use: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\_\_\_\_\_  
*Signature of Licensed Facility Owner/Operator*

\_\_\_\_\_  
*Date*

*For Office Use Only*

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

COMMENTS: \_\_\_\_\_