



## Food Service License Renewal 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, 2024 TO APRIL 30, 2025**

License Number:

### ORGANIZATION DETAILS

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

Business Email

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

Mailing Address

City

State

Zip

### 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 (###)###-####

### MOBILE ESTABLISHMENT INFORMATION

Business Name on Vehicle

VIN Number

Vehicle Make



License Plate No. & State

Commissary/Related License Number



### FEES DUE

Total Fee Due

\$

Mail Application and  
Make Checks Payable to:

### AUTHORIZED AGENT CONTACT

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

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

Date (MM/DD/YYYY)

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

## Instructions to Applicant

### RENEWAL APPLICATION

- A. **Review ORGANIZATION DETAILS for accuracy.** Please review the pre-printed application and make any necessary corrections in the box provided. Please pay special attention to the mailing address fields.
- Editable Field(s)
    - ✓ Business Email
    - ✓ Business Phone Number
    - ✓ Mailing Address
- B. **Review LICENSE -** Please review and make any changes in the box provided.
- Editable Field(s)
    - ✓ Location Name
    - ✓ Location Phone
- C. **Include the license fee** amount shown in the FEES DUE section. Make checks payable to your local health department.
- D. **Review AUTHORIZED AGENT CONTACT -** Please review the contact information and make any changes in the box provided.
- Please make sure to sign and date the application.
- E. **Special Transitory Food Unit (STFU) renewal applications.** If you have a Special Transitory Food Unit (STFU) license, please include a copy of your two paid inspections.
- F. **Mail to your local health department before April 30<sup>th</sup> to avoid a late fee.**

#### **THE FOLLOWING CHANGES REQUIRE A NEW APPLICATION TO BE FILLED OUT:**

- Change of Organization
- Change of Location Address
- Change of License Type

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: [MDARD - How to Apply for a Food Service License \(michigan.gov\)](#)

### **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.