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.

2026 Temporary Food Service License Fees:

Application received **5 or more full *business* days prior** to event start date	$158.00 *
Application received **1 - 4 full *business* days prior** to event start date	$292.00 *

* 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

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

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

FOR M.C.H.D. USE ONLY

Receipt Number:_____ Date:_____

License Number:_____

FI-231 (07/14)

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.

A Hand Wash Station
- ❑ Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket
- ❑ Hand sink
- ❑ Self-contained portable unit
- ❑ Other _____

B Cooking/Reheating Equipment
- ❑ Grill/BBQ
- ❑ Fryer
- ❑ Oven
- ❑ Roaster
- ❑ Other _____

C Cold/Hot Holding Equipment
- ❑ Ice chest/cooler with ice
- ❑ Refrigerator
- ❑ Freezer
- ❑ Steam table
- ❑ Grill/BBQ
- ❑ Chafing dish w/ fuel
- ❑ Slow cooker/roaster
- ❑ Other _____

D Floor/Overhead Protection*
- ❑ Food is prepared & served indoors
- ❑ Floors are cleanable and Impermeable Describe: _____
- ❑ Canopy/tent
- ❑ Screening
- ❑ Other _____

E Cleaning/Sanitizing
- ❑ Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- ❑ Extra utensils
- ❑ Bucket with sanitizing solution and wiping cloth(s)
- ❑ Sanitizer

F Other
- ❑ Chemical test strips to test sanitizer solution
- ❑ Metal stem thermometer
- ❑ Gloves
- ❑ Hair restraints
- ❑ Electricity available
- ❑ Water source (circle all that apply)

  Municipal/City Water Well Bottled

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

FOOD PREPARATION AND MENU: Only food and beverage items listed will be approved to serve.
Approval for any changes must be requested before the event.

Food	**G** Food Source (place/facility where food is purchased)	**H** Off-Site Prep Yes/No *1	**I** On-Site Prep Yes/No	**J** Transport to event? (Hot or Cold, What type of equipment for transport)	**K** Cold holding equipment used at event?	**L** Cooking/reheating equipment used? Final cook/reheat temperature?	**M** Cooling? *2	**N** Hot holding equipment used?
Example:								
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table

*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)
*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

FOR LOCAL HEALTH DEPARTMENT USE:
Notes: Amount Paid: _____ Receipt Number: _____

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: _____