Michigan Department of Agriculture and Rural Development
Food & Dairy Division

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, 2026 TO APRIL 30, 2027

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

X

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

X

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 30th 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.