

1. Check one:	2. Check one:
<input type="checkbox"/> Renewal License Application <input type="checkbox"/> New Owner <input type="checkbox"/> New Est. or New Location	<input type="checkbox"/> Fixed Establishment <input type="checkbox"/> Mobile <input type="checkbox"/> Mobile Commissary <input type="checkbox"/> Vending Location: # of machines <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, 2016**

License No. L2000ID

Mailing Address (Number & Street, Box or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 6. Applicant Information - MUST BE COMPLETED

I certify that this information is accurate

Signature	Date
X _____	_____

Printed name of owner or authorized agent

\_\_\_\_\_

### 3. Business & Owner Information

Name of Establishment or Business (type or print)

\_\_\_\_\_

Title	E-Mail
_____	_____

Establishment Address (Number & Street, Box or Route)

Establishment Phone No.	Home Phone No.
_____	_____

City	Zip	County of Location
_____	_____	_____

Fax No.	Emergency Phone No.
_____	_____

Name of Owner (First, MI, Last) (Individual or Corporation)

\_\_\_\_\_

**Renewal Due Date: April 30, 2015**  
**Amount Due: \$ \_\_\_\_\_**

Owner's Address

If renewal application is submitted after April 30, 2015 add \$ \_\_\_\_\_

City	State	Zip Code
_____	_____	_____

### 4. Mobile Establishment Licensing Information

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

Make check payable to your local health department.

Vehicle Make	License Plate No. & State
_____	_____

Business Name on Vehicle	Commissary License No.
_____	_____

Mail application and fee payable to:

### 5. Vending Machine Location Information

Building Name and/or Building Number

\_\_\_\_\_

Kent County Health Department  
 700 Fuller Ave NE  
 Grand Rapids, MI 49503

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

Delete License: \_\_\_\_\_

Fee Exempt State:    Yes    No Fee Exempt Local:    Yes    No Fee Exempt Veteran:    Yes    No <small>LHD: Retain copy of Act 359                  Veteran's License</small>	License Limitation STFU Last 2 Fee Inspection Dates: Date: _____      Date: _____	<b>Risk Category (Check One):</b> X _____ Y _____ Z _____
L2000ID (For MDARD Use)	Seasonal Establishment: _____ (check if seasonal)	
License No.	LHD No.	Civil Division/Area #
Amount Received	Receipt No.	Check No.
Signature of Health Department Representative Recommending Approval		Date

# Michigan Department of Agriculture & Rural Development

## Food Service License Application

### Instructions to Applicant

#### Renewal Application

- A. **Review Sections 1-5 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.michigan.gov/mdard](http://www.michigan.gov/mdard)
- c. (Licensing, Food Industries), or click on keyword and enter "foodserviceapp". The pre-printed renewal form should be returned to the local health department along with the new application.
- B. **Complete Section 6. Be sure to sign the application.**
- C. **Include license fee** amount shown in Section 7. 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 April 30, 2015 to avoid a late fee.**

#### New Application

- A. Complete all applicable parts of Sections 1-6. **Be sure to sign the application.**
- B. Contact your local health department for fee and mailing address if not shown in Section 7. Make checks payable to your local health department.
- C. Return completed application form along with the fee to your local health department.

#### Definitions

<p><b>Special Transitory Food Unit (STFU):</b> Means a temporary food service establishment that operates throughout the state without the 14 day limit.</p>	<p><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.</p>
<p><b>Vending Machine Location:</b> Means a room, enclosure, space or area where one or more vending machines are installed and operated. When there is more than one vending machine location in a building, each shall be licensed separately.</p>	