FI-230 (1/2022)

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, 2023

License No. L2000ID

1. Check one:	**2. Check one:**
____ Renewal License Application	_____ Fixed Establishment
____ New Owner	_____ Mobile
____ New Est. or New Location	_____ Mobile Commissary
	_____ Special Transitory Food Unit (STFU)

Mailing Address (Number & Street, Box or Route)

City State Zip Code

5. Applicant Information - MUST BE COMPLETED
I certify that this information is accurate

Signature X	**Date**
Printed name of owner or authorized agent	
Title	**E-Mail**
Establishment Phone No.	**Home Phone No.**
Fax No.	**Emergency Phone No.**

3. Business & Owner Information

Name of Establishment or Business (type or print)

Establishment Address (Number & Street, Box or Route)

City	Zip	County of Location

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

Owner's Address

City	State	Zip Code

6. Renewal Due Date: April 30, 2022
Amount Due: $_____

If renewal application is submitted after April 30, 2022 add $_____

Make check payable to your local health department.

4. Mobile Establishment Licensing Information

Decal No. (Health Dept. Issued)	VIN No.
Vehicle Make	License Plate No. & State
Business Name on Vehicle	Commissary License No.

Mail application and fee payable to:

THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE
Delete License

Fee Exempt State: Yes No

Fee Exempt Local: Yes No License Limitation

Fee Exempt Veteran: Yes No
LHD: Retain copy of Act 359 Veteran's License

STFU Last 2 Fee Inspection Dates:
Date: Date:

License No.	Seasonal Establishment (check if seasonal)	
Amount Received	LHD No.	Civil Division
	Receipt No.	Check No.
Signature of Health Department Representative		Date

Michigan Department of Agriculture & Rural Development
Food Service License Application
Instructions to Applicant

Renewal Application

A. **Review Sections 1-4 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 (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 5. Be sure to sign the application**.

C. **Include license fee** amount shown in **Section 6**. 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 30th to avoid a late fee.**

New Application

A. Complete all applicable parts of **Sections 1-5**. **Be sure to sign the application**.

B. Contact your local health department for fee and mailing address if not shown in **Section 6**. Make checks payable to your local health department.

C. Return completed application form along with the fee to your local health department.

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.