

| 1. Check one: | 2. Check one: |
|--|--|
| <input type="checkbox"/> Renewal License Application | <input type="checkbox"/> Fixed Establishment |
| <input type="checkbox"/> New Owner | <input type="checkbox"/> Mobile |
| <input type="checkbox"/> New Est. or New Location | <input type="checkbox"/> Mobile Commissary |
| | <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, 2023

License No. L20001D

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

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)

6. Renewal Due Date: April 30, 2022

Owner's Address

Amount Due: \$ _____

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

4. Mobile Establishment Licensing Information

| | |
|---------------------------------|---------|
| Decal No. (Health Dept. Issued) | VIN No. |
|---------------------------------|---------|

Make check payable to: Jackson County

| | |
|--------------|---------------------------|
| Vehicle Make | License Plate No. & State |
|--------------|---------------------------|

| | |
|--------------------------|------------------------|
| Business Name on Vehicle | Commissary License No. |
|--------------------------|------------------------|

Mail application to: **AA**

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

Jackson **AO[~ } c AO} cā] { ^ } cā P ^ ac@**
 1715 Lansing Ave
 Jackson MI 49202

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:

| | |
|-------------|--|
| 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

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| 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. |
|--|--|