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, 2021
License No. L2000ID

1. Check one:
   - Renewal License Application
   - New Owner
   - New Est. or New Location

2. Check one:
   - Fixed Establishment
   - Mobile
   - Mobile Commissary
   - Special Transitory Food Unit (STFU)

Mailing Address (Number & Street, Box or Route)
City  State  Zip Code

5. Applicant Information - MUST BE COMPLETED

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
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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

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:
Ingham County Health Department
5303 South Cedar Street, PO Box 30161
Lansing, MI 48909
Office Phone: 517-887-4312
http://hd.ingham.org/DoingBusinesswithICHD/PermitsLicensing.aspx#7889240-food-establishments

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

<table>
<thead>
<tr>
<th>Fee Exempt State</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee Exempt Local</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Fee Exempt Veteran</td>
<td>Yes</td>
<td>No</td>
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<tr>
<th>License Limitation</th>
<th>License No.</th>
<th>Seasonal Establishment (check if seasonal)</th>
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<tr>
<td></td>
<td>LHD No.</td>
<td>Civil Division</td>
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<tr>
<td></td>
<td>Receipt No.</td>
<td>Check No.</td>
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Signature of Health Department Representative  Date
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

<table>
<thead>
<tr>
<th>Special Transitory Food Unit (STFU):</th>
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<tr>
<td>Means a temporary food service establishment that operates throughout the state without the 14 day limit.</td>
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<table>
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<th>Mobile Food Service Establishment:</th>
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<tbody>
<tr>
<td>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.</td>
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