New Food Service License Application
Michigan Department of Agriculture & Rural Development
As Required by Act 92, Public Act of 2000, as amended

LICENSING PERIOD DATES – JANUARY 16th, 2023 TO APRIL 30th, 2024				
LICENSE TYPE (Check One) New Establishment New Owner Establishment ID:				
Food Service – Fixed Establishment		Food Service - Mobile Commissary		
Food Service - Mobile Establishment		Food Service - Special Transitory Food Unit		
ORGANIZATION/OWNER INFORMATION				
*Organization Name:		Email Address:		
*Mailing Address:		Phone:		
*City: *State:			*Zip:	
BUSINESS INFORMATION				
*Business/Mobile Establishment Name:		*Phone:		
*Establishment Address:		*Email:		
*City: *State: MI			*Zip:	
Vehicle Identification Number (VIN):		Year:		
*Commissary/Related License Number:	-	License Plate State:		
License Plate Number:	Vehicle Make:			
PAYMENT INFORMATION				
APPLICATION FEE AMOUNT DUE: \$				
Submit Application and payment payable to OAKLAND COUNTY HEALTH DIVISION				
AUTHORIZED AGENT INFORMATION				
*Printed Name:		*Title:		
Email:		Phone Number:		
*Signature:		*Date:		
FOR LOCAL HEALTH DEPARTMENT USE ONLY				
Seasonal Establishment:		IHD County: Oakland IHD Nu		IHD Number:
EXEMPTIONS (CHECK ALL THAT APPLY):		State Fee Exempt: Yes No		
		Veteran Fee Exempt: Yes No		
		Local Fee Exempt:	Yes	s No
STFU IAST TWO INSPECTION DATES	Date:		Date:	
Amount Received: Check/Receipt/Transaction			nsaction N	No.:
Signature of Health Department Representative:				Date:

Michigan Department of Agriculture & Rural Development Food Service License Application

Instructions to Applicant

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)

NEW APPLICATION

A. License Type

o Please select the license type you are applying for

B. Organization Information

- o Required Fields
 - i. Organization Name The Name of the Corporation, LLC, Owner, Company, etc.
 - ii. Mailing Address, City, State, Zip

C. Business Information

- o Required Fields will vary depending on the License Type select
 - i. Business/Mobile Establishment Name All License Types
 - ii. Establishment Address, City, State, Zip All License Types
 - iii. Commissary/Related License Number Only applicable for Mobile Establishment Licenses

D. Payment Information

Contact your local health department for the fee

E. Authorized Agent Information

- Required Fields
 - i. Printed Name & Title
 - ii. Signature & Date

F. Submitting Application

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

Mail Application and Fee Payable to:

OAKLAND COUNTY HEALTH DIVISION

ATTN: EHS

1200 N TELEGRAPH RD 34 EAST

PONTIAC MI 48341

OAKLAND COUNTY HEALTH DIVISION

OR ATTN: EHS

27725 GREENFIELD ROAD SOUTHFIELD MI 48076

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.