



Oakland County Health Division

Environmental Health Services

EST ID:

Food Service License New Application

License Application must be completed in accordance with provisions of the Michigan Food Law, Public Act 92 of 2000, as amended.

LICENSING PERIOD DATES – JANUARY 16, 2024 TO APRIL 30, 2025

New Owner Delete License:

SECTION A: OWNER/ORGANIZATION DETAILS

Organization/Owner Name (Name of LLC, Corporation, Individual Owner, etc.)

Business Email

Business Phone Number (###)###-####

Mailing Address

City

State

Zip

SECTION B: ESTABLISHMENT/LICENSE DETAILS

License Type (Select One)

Food Service - Fixed Establishment

Food Service - Mobile Establishment

Food Service - Mobile Commissary

Food Service - Special Transitory Food Unit

Location Name (Enter the Business or Establishment Name, Include the Store Number if Applicable)

Location Street Address

Location City

Location State

Location Zip

Location Phone Number (###)###-####

Seasonal License

Yes

No

MOBILE ESTABLISHMENT INFORMATION

Business Name on Vehicle

VIN Number

Vehicle Make

License Plate No. & State

Commissary/Related License Number

SECTION C: PAYMENT INFORMATION

Total Fee Due

Mail Application and
Make Checks Payable to:

Oakland County Health Division

SECTION D: APPLICANT INFORMATION

Authorized by the Owner to Manage the License
Enter the Name and Information of the Applicant

Contact Name

Phone Number (###)###-####

Email

Title

Signature of Applicant

I Certify That This Information Is Accurate

Date (MM/DD/YYYY)

INTERNAL USE ONLY

This Area for Local Health Department Use
Amount Received

Date Received (MM/DD/YYYY)

Check/Transaction/Receipt Number

Decal Number:

LHD County and Number

Exemptions

☐ State

☐ Local

☐ Veteran

Signature of Health Department Representative

Date (MM/DD/YYYY)

Food Service License Application

Instructions to Applicant

NEW APPLICATION

A. Owner/Organization Details

- Organization Name – The Name of the Corporation, LLC, Owner, Company, etc.
- Business Email and Phone Number
- Mailing Address, City, State, Zip – This is the location the license will get mailed too.

B. Establishment/License Details

- Select License Type – The Information needed to be filled in will be based on the license type selected.
- Location Name – **All License Types**
- Location Address, City, State, Zip – **All License Types**
- Business Name on Vehicle – **Mobile Establishment, Special Transitory Food Unit**
- VIN Number, Vehicle Make, License Plate No. & State – **Mobile Establishment, Special Transitory Food Unit**
- Commissary/Related License Number – **Mobile Establishment**

C. Payment Information

- OCHD EH Fee Schedule - Contact OCHD for appropriate fee.

D. Applicant Information

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

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 34E
PONTIAC MI 48341**

OR

**OAKLAND COUNTY HEALTH DIVISION
ATTN EHS
27725 GREENFIELD RD
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.