



# Oakland County Health Division

## Environmental Health Services

### 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, 2025 TO APRIL 30, 2026**

☐ New Owner ☐ Plan Review ☐ Delete License:

#### SECTION A: ORGANIZATION DETAILS

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

Business Email

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

Mailing Address

City

State

Zip

#### SECTION B: 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

Mail Application and  
Make Checks Payable to:

Total Fee Due

Est ID:

#### SECTION D: AUTHORIZED AGENT INFORMATION

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

Contact Name

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

Email

Title

Signature of Authorized Agent

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)

**Oakland County Health Division  
Michigan Department of Agriculture & Rural Development  
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. Authorized Agent 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 *(Please Contact your local health dept. for this information):*

**OAKLAND COUNTY HEALTH DIVISION  
ATTN EHS  
1200 N TELEGRAPH 34E  
PONTIAC MI 48341  
ehclerks@oakgov.com**

**OR**

**OAKLAND COUNTY HEALTH DIVISION  
ATTN EHS  
27725 GREENFIELD RD SOUTHFIELD  
MI 48076  
ehclerkssouth@oakgov.com**

**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.