

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION**APPLICANT/BUSINESS CONTACT INFORMATION:**

Organization/Business Name: _____

Main Contact: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____ Fax: _____

Alternative Contact: Name: _____ Phone: _____

PUBLIC EVENT INFORMATION: Name of Public Event: _____

Food Service Start Date: ____/____/____ Serving Start Time: _____ AM/PM

Ending Date: ____/____/____ End Time: _____ AM/PM

When will food preparation begin? Date: ____/____/____ Starting Time: _____ AM/PM

Event Location (Name & Address): _____

Event Coordinator Name: _____ Phone: _____

If Applicable, Non Profit Tax ID #: _____

**I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED,
AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.**

Applicant Name (Print) _____

Applicant Signature: _____ Date: _____

Estimated Number of Meals to be Served Each Day: _____**EQUIPMENT LIST:**

Identify equipment used at your temporary food establishment. Check all boxes that apply.

A Hand Wash Station

- ☐ Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket
- ☐ Hand sink
- ☐ Self-contained portable unit
- ☐ Other _____

B Cooking/Reheating Equipment

- ☐ Grill/BBQ
- ☐ Fryer
- ☐ Oven
- ☐ Roaster
- ☐ Other _____

C Cold/Hot Holding Equipment

- ☐ Ice chest/cooler with ice
- ☐ Refrigerator
- ☐ Freezer
- ☐ Steam table
- ☐ Grill/BBQ
- ☐ Chafing dish w/ fuel
- ☐ Slow cooker/roaster
- ☐ Other _____

D Floor/Overhead Protection*

- ☐ Food is prepared & served indoors
- ☐ Floors are cleanable and Impermeable
Describe: _____
- ☐ Canopy/tent
- ☐ Screening
- ☐ Other _____

E Cleaning/Sanitizing

- ☐ Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)
- ☐ Extra utensils
- ☐ Bucket with sanitizing solution and wiping cloth(s)
- ☐ Sanitizer

F Other

- ☐ Chemical test strips to test sanitizer solution
- ☐ Metal stem thermometer
- ☐ Gloves
- ☐ Hair restraints
- ☐ Electricity available
- ☐ Water source (circle all that apply)

Municipal/City ☐ Water Well ☐ Bottled ☐

*If extensive food handling occurs, it must be done in a fully enclosed space.

Only food and beverage items listed will be approved to serve. Approval for any changes must be requested before the event.

*1 – IF FOODS ARE MADE OFF-SITE, PLEASE FILL OUT ADDENDUM A (COMMISSARY AGREEMENT)
*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

Receipt Number: _____

ADDENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ allow _____
Licensed Food Service Operator/Owner *Organization*

to use _____
Name & Address of Licensed Facility Used *Facility License Number*

For: _____ Food Preparation _____ Cold Food Storage _____ Cooking _____ Cooling Food _____ Hot Holding
_____ Dry Food Storage _____ Warewashing _____ Approved Water Supply _____ Waste water Disposal
_____ Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____ Time of use: _____ AM/PM to _____ AM/PM

Signature of Licensed Facility Owner/Operator _____ Date _____

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____