

Michigan Department of Agriculture & Rural Development Food Service License Application

Instructions to Applicant

NEW APPLICATION

A. **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. **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**

- Contact your local health department for the 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

Make Payment Payable to: City of Detroit

Mail to: Detroit Health Department
100 Mack Ave. Ste. 311
Detroit, MI 48201

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.



Michigan Department of Agriculture
and Rural Development
Bureau of Food Safety and Animal Health

Food Service License Renewal 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, 2026 TO APRIL 30, 2027

LICENSE NUMBER

[Redacted License Number]

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

[Redacted Organization/Owner Name]

Business Email

[Redacted Business Email]

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

[Redacted Business Phone Number]

Mailing Address

[Redacted Mailing Address]

City

[Redacted City]

State

[Redacted State]

Zip

[Redacted 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)

[Redacted Location Name]

Location Street Address

[Redacted Location Street Address]

Location City

[Redacted Location City]

Location State

[Redacted Location State]

Location Zip

[Redacted Location Zip]

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

[Redacted Location Phone Number]

Seasonal License

Yes

No

MOBILE ESTABLISHMENT INFORMATION

Business Name on Vehicle

[Redacted Business Name on Vehicle]

VIN Number

[Redacted VIN Number]

Vehicle Make

[Redacted Vehicle Make]

License Plate No. & State

[Redacted License Plate No. & State]

Commissary/Related License Number

[Redacted Commissary/Related License Number]

SECTION C: PAYMENT INFORMATION

Total Fee Due

\$ [Redacted Total Fee Due]

Make Payment Payable to City of Detroit

Mail to: Detroit Health Department
100 Mack Ave. Ste 311
Detroit, MI 48201

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

[Redacted Contact Name]

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

[Redacted Phone Number]

Email

[Redacted Email]

Title

[Redacted Title]

Signature of Authorized Agent

I Certify That This Information Is Accurate

X [Redacted Signature]

Date (MM/DD/YYYY)

[Redacted Date]

INTERNAL USE ONLY

This Area for Local Health Department Use
Amount Received

Date Received (MM/DD/YYYY)

[Redacted Date Received]

Check/Transaction/Receipt Number

[Redacted Check/Transaction/Receipt Number]

Decal Number:

[Redacted Decal Number]

LHD County and Number

[Redacted LHD County and Number]

Exemptions

☐ State

☐ Local

☐ Veteran

Signature of Health Department Representative

X [Redacted Signature]

Date (MM/DD/YYYY)

[Redacted Date]