1. Check one:	2. Check one:				FOOD SERVICE LICENSE			
Renewal License		Fixed Esta	blishment		API	PLICAT	ION	
Application		Mobile		ı	Michigan Department o	f Agricultui	re & Rural Development	
New Owner		Mobile Con	nmissary				s of 2000, as amended	
New Est. or New		Cracial Tra	· ····································	NTC III		nse year	•	
Location		Special Tra	Insitory Food Unit (S	STFU)	Aprı	l 30, 2	2020	
					License No. L2000ID			
Mailing Address (Number & Street, Box or Route, City, State, Zip)					5. Applicant Information - MUST BE COMPLETED I certify that this information is accurate			
					Signature Date			
					X			
					Printed name of owner or authorized agent			
3. Business & Owner Information								
Name of Establishmen			nt)	-	Title	F-N	Mail	
Traine of Ediabilitinon	. O. Duo	mode (type of pin	,		1110		nan	
Establishment Address (Number & Street, Box or Route)					Establishment Phone	No. Ho	me Phone No.	
City		Zip County of Lo		ration F	Fax No.	Fm	Emergency Phone No.	
		<b>-</b> 'P	County of Loo				iorgonoy i nono ito:	
Name of Owner (First,	MI. Last	t) (Individual or C	orporation)		- Danawal Du	Doto	April 20, 2010	
Traine of Owner (First, Wil, East) (Marviadar of Corporation)					6. Renewal Due Date: April 30, 2019			
Owner's Address				/	Amount Due: \$			
o who o / taglood					51 to 100 seats: \$475.00 Banquet Hall with kitchen, Commissary: \$500.00			
City		State Zip Code			If renewal application is submitted after April 30,			
				2	2019 add \$ May 1- May 31:	\$150.00	July 1- July 30: \$450.00	
4. Mobile Establishment Licensing Information					June 1- June 30: \$300.00 August 1 or later: \$600.00 Make check payable to:			
Decal No. (Health Dept. Issued) VIN No.								
Vehicle Make		License Plate No. & State			CITY OF DETROIT			
Business Name on Vehicle		Commissary License No.		1	Mail application and payment to:			
					DETROIT HEALTH	I DEPARTMI	ENT	
					FOOD SAFETY			
THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE					3245 E. JEFFERSON AVE., STE. 100			
Delete License					DETROIT, MICHI			
Fee Exempt State:	Yes	No			DETROIT, WIETIN	37111 40207		
·				L				
Fee Exempt Local:	Yes	No		e Limitation				
Fee Exempt Veteran: Yes		s No STFU Last 2 Fee Inspec		ee Inspection	on Dates:			
LHD: Retain copy of Act 359 Veteran's License			Date:		Date:			
License No. Seasonal Establishment (check i					seasonal)			
Amount Received LHD No.			Civil Division					
4982				1400				
Receipt No.			Check No.					
Signature of Health Department Representative					Date			

## Michigan Department of Agriculture & Rural Development Food Service License Application Instructions to Applicant

## **Renewal Application**

- A. **Review Sections 1-4 for accuracy.** Please review the pre-printed application and make any necessary corrections. Please pay special attention to the facility name and address.
  - a. DO NOT USE THE RENEWAL FORM IF ONE OF THE FOLLOWING APPLY:
    - ✓ Change of ownership
    - ✓ Change in the physical location of establishment
    - ✓ Change of license type
  - b. 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: <a href="https://www.michigan.gov/mdard">www.michigan.gov/mdard</a>
  - c. (Licensing, Food Industries), or click on keyword and enter "foodserviceapp". The pre-printed renewal form should be returned to the local health department along with the new application.
- B. Complete Section 5. Be sure to sign the application.
- C. Include license fee amount shown in Section 6. Make checks payable to your local health department.
- D. **Special Transitory Food Unit (STFU) renewal applications.** If you are a Special Transitory Food Unit (STFU) as identified in box #2 on the application, you must include a copy of the two paid inspections, along with your application form and check.
- E. Mail to your local health department before April 30, 2019 to avoid a late fee.

## **New Application**

- A. Complete all applicable parts of **Sections 1-5**. **Be sure to sign the application**.
- B. Contact your local health department for fee and mailing address if not shown in **Section 6**. Make checks payable to your local health department.
- C. Return completed application form along with the fee to your local health department.

## **Definitions**

Special Transitory Food Unit (STFU):	Mobile Food Service Establishment:
Means a temporary food service establishment that	Means a food service establishment operating from
operates throughout the state without the 14 day	a vehicle, trailer or watercraft which is not fully
limit.	equipped for full food service and, therefore, must
	return to a licensed commissary at least once every
	24 hours for servicing and maintenance.