

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
- Food prep area protected from public
- Other _____

E Cleaning/Sanitizing

- Three basins to wash (with soap), rinse & sanitize
- Extra utensils # _____
- Bucket with sanitizing solution and wiping cloth(s)
- Sanitizer Type: _____
- Garbage cans # _____
- Test strips for sanitizer solution

F Other

- Metal stem thermometer
- Gloves
- Tongs
- Single service papers/foils
- Hair restrains
- Electricity available

Water source: Circle all that apply

Municipal Bottled Well

Toilet Facilities Circle all that apply

Flush Portable

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

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

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: _____

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