## MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

AP	PLICANT/BUSINESS CONTAC	T IN	IFORMATION:						
Org	ganization/Business Name:								
Ма	in Contact:		Em	Email:					
Mailing Address:			City:		State: Zip:				
Primary Phone: Ce			Cell Phone:	Cell Phone:					
Alt	ernative Contact: Name:			Phone:					
PU	BLIC EVENT INFORMATION:	Nan	ne of Public Event:						
Fo	od Service Start Date:/	/	Serving Start Time:		_ AM/PM				
	ding Date:/ E		•						
			te:/Starting	Tim	e:AM/PM				
	• • •								
_	(A !								
l'	f Applicable, Non Profit Tax ID #	<u> </u>							
					TO OPERATE BY THE TIME INDICATED,				
			JRE TO DO SO MAY RESULT IN DEN						
P	Applicant Name (Print)								
A	Applicant Signature:				Date:				
∟ Es	timated Number of Meals to be	e Se	rved Each Day:						
	NUIPMENT LIST: entify equipment used at vour ter	npor	ary food establishment. Check a	ıll bo	xes that apply.				
	Hand Wash Station	•	Cooking/Reheating						
	Large insulated container				Cold/Hot Holding Equipment Ice chest/cooler with ice				
	with a spigot, warm water,		Grill/BBQ	_	Refrigerator				
	hand soap, paper towels and a large catch bucket		Fryer Oven		Freezer Steam table				
	Hand sink		Roaster	_	Grill/BBQ				
	Self-contained portable unit		Other		Chafing dish w/ fuel				
	Other				Slow cooker/roaster Other				
				_					
D	Floor/Overhead Protection*	E	Cleaning/Sanitizing	F	Other				
	Food is prepared & served indoors		Three basins to wash (dish soap), rinse (clear water) and		Chemical test strips to test sanitizer solution				
	Floors are cleanable and		sanitize (sanitizer)		Metal stem thermometer				
	Impermeable		Extra utensils		Gloves				
	Describe: Canopy/tent		Bucket with sanitizing solution and wiping cloth(s)		Hair restraints Electricity available				
	Screening		Sanitizer	_	Water source (circle all that apply)				
	Other				Municipal/City Water Well Bottled				

<sup>\*</sup>If extensive food handling occurs, it must be done in a fully enclosed space.

## **FOOD PREPARATION AND MENU:**

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

Food	G Food Source (place/facility where food is purchased)	H Off-Site Prep Yes/No	I On-Site Prep Yes/No	J Transport to event? (Hot or Cold, What type of equipment for transport)	K Cold holding equipment used at event?	L Cooking/reheating equipment used? Final cook/reheat temperature?	M Cooling?	N Hot holding equipment used?
Example:								
Hamburger	Jane's Food Service	No	Yes	Cold, Ice Chest	On-site refrigerator	Grill, 155 °F	No	Steam table

FOR LOCAL HEALTH DEPARTMENT USE: Notes:	Amount Paid:	Receipt Number:

<sup>\*1 –</sup> 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.

## **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: Licensed Food Service Operator/Owner Organization 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: