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: _____________________________

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 - only allowed for pre-packaged low risk foods
    - 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
    - Canopy/tent
    - Screening
    - Other ________________

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

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 (All items below are required.)
    - 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

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:  _____________________

If Applicable, Non Profit Tax ID #:  ____________________________________________________________
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.

<table>
<thead>
<tr>
<th>Food</th>
<th>G Food Source (place/facility where food is purchased)</th>
<th>H Off-Site Prep Yes/No *1</th>
<th>I On-Site Prep Yes/No</th>
<th>J Transport to event? (Hot or Cold, What type of equipment for transport)</th>
<th>K Cold holding equipment used at event?</th>
<th>L Cooking/reheating equipment used? Final cook/reheat temperature?</th>
<th>M Cooling? *2</th>
<th>N Hot holding equipment used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamburger</td>
<td>Jane’s Food Service</td>
<td>No</td>
<td>Yes</td>
<td>Cold, Ice Chest</td>
<td>On-site refrigerator</td>
<td>Grill, 155°F</td>
<td>No</td>
<td>Steam table</td>
</tr>
</tbody>
</table>

*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.

FOR LOCAL HEALTH DEPARTMENT USE:

Notes: Amount Paid: _________________________ 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: _______________________________________________________________________________________________________