FI-230 (2/2006)

FOOD SERVICE LICENSE APPLICATION

Michigan Department of Agriculture & Rural Development

As required by Act 92, Public Acts of 2000, as amended

For license year ending:

April 30, 2015

License No. L2000ID

1. Check one:	2. Check one:
____ Renewal License Application	_____ Fixed Establishment
____ New Owner	_____ Mobile
____ New Est. or New Location	_____ Mobile Commissary
	_____ Vending Location: # of machines
	_____ Special Transitory Food Unit (STFU)

Mailing Address (Number & Street, Box or Route)

City State Zip Code

6. Applicant Information - MUST BE COMPLETED

I certify that this information is accurate

Signature	Date
X	

Printed name of owner or authorized agent

Title	E-Mail
Establishment Phone No.	**Home Phone No.**
Fax No.	**Emergency Phone No.**

3. Business & Owner Information

Name of Establishment or Business (type or print)

Establishment Address (Number & Street, Box or Route)

City	Zip	County of Location

Name of Owner (First, MI, Last) (Individual or Corporation)

Owner's Address

City	State	Zip Code

Renewal Due Date: April 30, 2014

Amount Due: $_____

If renewal application is submitted after April 30, 2014 add $_____

Make check payable to your local health department.

4. Mobile Establishment Licensing Information

Decal No. (Health Dept. Issued)	VIN No.
Vehicle Make	License Plate No. & State
Business Name on Vehicle	Commissary License No.

Mail application and fee payable to:

5. Vending Machine Location Information

Building Name and/or Building Number

THIS AREA FOR LOCAL HEALTH DEPARTMENT (LHD) USE

Delete License

Fee Exempt State: Yes No

Fee Exempt Local: Yes No

Fee Exempt Veteran: Yes No

LHD: Retain copy of Act 359 Veteran's License

License Limitation

STFU Last 2 Fee Inspection Dates:

Date: Date:

L2000ID (For MDARD Use)	Seasonal Establishment (check if seasonal)	
License No.	LHD No.	Civil Division
Amount Received	Receipt No.	Check No.

Signature of Health Department Representative Recommending Approval	Date