

Michigan Department of Agriculture & Rural Development Food Service License Application

Instructions to Applicant

NEW APPLICATION

A. **Organization Details**

- Organization Name – The Name of the Corporation, LLC, Owner, Company, etc.
- Business Email and Phone Number
- Mailing Address, City, State, Zip – This is the location the license will get mailed too.

B. **License Details**

- Select License Type – The Information needed to be filled in will be based on the license type selected.
- Location Name – **All License Types**
- Location Address, City, State, Zip – **All License Types**
- Business Name on Vehicle – **Mobile Establishment, Special Transitory Food Unit**
- VIN Number, Vehicle Make, License Plate No. & State – **Mobile Establishment, Special Transitory Food Unit**
- Commissary/Related License Number – **Mobile Establishment**

C. **Payment Information**

- Contact Kent County Health Department for the fee. 616-632-6900 or KCEHMail@kentcountymi.gov

D. **Authorized Agent Information**

- Required Fields
 - i. Printed Name & Title
 - ii. Signature & Date

Return the completed application form along with the fee to your local health department

Mail Application and Fee Payable to:

Kent County Health Department
700 Fuller Avenue NE
Grand Rapids MI 49503

Definitions

Special Transitory Food Unit (STFU):

Means a temporary food service establishment that operates throughout the state without the 14-day limit.

Mobile Food Service Establishment:

Means a food service establishment operating from a vehicle, trailer, or watercraft which is not fully equipped for full food service and, therefore, must return to a licensed commissary at least once every 24 hours for servicing and maintenance.



Food Service License New Application

License Application must be completed in accordance with provisions of the Michigan Food Law, Public Act 92 of 2000, as amended.

LICENSING PERIOD DATES – JANUARY 16, 2024 TO APRIL 30, 2025

Kent County | 616-632-6900 | KCEHmail@kentcountymi.gov

SECTION A: ORGANIZATION DETAILS

Organization/Owner Name (Name of LLC, Corporation, Individual Owner, etc.)

Business Email

Business Phone Number (###)###-####

Mailing Address

City

State

Zip

SECTION B: LICENSE DETAILS

License Type (Select One)

Food Service - Fixed Establishment

Food Service - Mobile Establishment

Food Service - Mobile Commissary

Food Service - Special Transitory Food Unit

Location Name (Enter the Business or Establishment Name, Include the Store Number if Applicable)

Location Street Address

Location City

Location State

Location Zip

Location Phone Number (###)###-####

Seasonal License

Yes

No

MOBILE ESTABLISHMENT INFORMATION

Business Name on Vehicle

VIN Number

Vehicle Make

License Plate No. & State

Commissary/Related License Number

SECTION C: PAYMENT INFORMATION

Total Fee Due

Mail Application and
Make Checks Payable to:

Kent County Health Department
700 Fuller Avenue NE
Grand Rapids MI 49503

SECTION D: AUTHORIZED AGENT INFORMATION

Authorized by the Owner to Manage the License
Enter the Name and Information of the Owner or Agent

Contact Name

Phone Number (###)###-####

Email

Title

Signature of Authorized Agent

I Certify That This Information Is Accurate

Date (MM/DD/YYYY)

INTERNAL USE ONLY

This Area for Local Health Department Use
Amount Received

Date Received (MM/DD/YYYY)

Check/Transaction/Receipt Number

Decal Number:

LHD County and Number

Exemptions

State

Local

Veteran

Signature of Health Department Representative

Date (MM/DD/YYYY)

NEX:

Risk: