

## Temporary Food Licensure under the Michigan Food Law

Any individual or organization preparing and serving food to the public may be subject to licensure under the Michigan Food Law <https://bit.ly/2mMN7Nw> (Public Act 92 of 2000, as amended).

A temporary food service license is a State license that is good for 14 consecutive days in a single location.

Temporary food service licenses are not transferrable to a person, organization, or to an alternate/multiple serving locations.

Before a temporary food service license can be issued, the Barry-Eaton District Health Department (BEDHD) will need to conduct an on-site inspection near the scheduled time of operation.

Our department has multiple inspections scheduled at different venues throughout the day. Therefore, when applying for a temporary food license, it is important to accurately determine when you will be ready for an inspection. Not doing so may result in a delay in being able to operate.

To avoid paying a late fee\*, the Michigan Food Law requires that a temporary food license application (found at <https://bit.ly/2ym7KDR>) be received by the local health department four (4) or more business days before the scheduled event.

### Temporary Food License Fees

License Type	Regular Fee	Regular with Late Fee*
Full	\$146	\$186
Full (non-profit**)	\$142	\$183
Limited	77	\$96

The difference between a full and limited temporary food event is dependent upon the complexity of the food service operations and degree of food safety risk to the public. A limited temporary is “limited” to one (low risk) potentially hazardous food product that is both commercially prepared and fully cooked (e.g. commercially prepared & cooked meat products such as hot dogs/corn dogs, canned meats, etc.) and/or deemed non-potentially hazardous food products that require limited or no food preparation.

Organizations that can show proof of having tax exempt status under section 501(c)(3) of the federal internal revenue code\*\* are eligible for non-profit licensure.

For more information about applying for a license and safely operating a temporary food establishment, go to <https://bit.ly/2Qhn4bW>.



# 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.

- |   |   |  |
|---|---|--|
| <p><b>A Hand Wash Station</b></p> <p><input type="checkbox"/> Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket</p> <p><input type="checkbox"/> Hand sink</p> <p><input type="checkbox"/> Self-contained portable unit</p> <p><input type="checkbox"/> Other _____</p>                  | <p><b>B Cooking/Reheating Equipment</b></p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Fryer</p> <p><input type="checkbox"/> Oven</p> <p><input type="checkbox"/> Roaster</p> <p><input type="checkbox"/> Other _____</p>  | <p><b>C Cold/Hot Holding Equipment</b></p> <p><input type="checkbox"/> Ice chest/cooler with ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Grill/BBQ</p> <p><input type="checkbox"/> Chafing dish w/ fuel</p> <p><input type="checkbox"/> Slow cooker/roaster</p> <p><input type="checkbox"/> Other _____</p> |
| <p><b>D Floor/Overhead Protection*</b></p> <p><input type="checkbox"/> Food is prepared &amp; served indoors</p> <p><input type="checkbox"/> Floors are cleanable and Impermeable<br/>Describe: _____</p> <p><input type="checkbox"/> Canopy/tent</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Other _____</p> | <p><b>E Cleaning/Sanitizing</b></p> <p><input type="checkbox"/> Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer)</p> <p><input type="checkbox"/> Extra utensils</p> <p><input type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s)</p> <p><input type="checkbox"/> Sanitizer</p> | <p><b>F Other</b></p> <p><input type="checkbox"/> Chemical test strips to test sanitizer solution</p> <p><input type="checkbox"/> Metal stem thermometer</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hair restraints</p> <p><input type="checkbox"/> Electricity available</p> <p><input type="checkbox"/> Water source (circle all that apply)<br/>Municipal/City    Water Well    Bottled</p>           |

\*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.

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

\*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.

<p><b>FOR LOCAL HEALTH DEPARTMENT USE:</b></p> <p>Notes:</p>	<p>Amount Paid: _____ Receipt Number: _____</p>
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# 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: \_\_\_\_\_