Temporary Food Licensure Under the Michigan Food Law

An individual or organization preparing and serving food to the public may be subject to licensure under the Michigan Food Law (MDARD - Updated Food Law/Michigan Modified Food Code Information (Oct. 2012) (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 location.

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.

When applying for a temporary food service license, it is important to accurately determine when you will ready for an inspection as our department has multiple inspections scheduled at different venues throughout the day; 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 (http://bit.ly/2ym7KDR) be received by the local Health Department four (4) or more business days prior to the scheduled event.

### Temporary Food License Fees

<table>
<thead>
<tr>
<th>License Type</th>
<th>Regular Fee</th>
<th>Regular with Late Fees*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>$153.00</td>
<td>$196.00</td>
</tr>
<tr>
<td>Full (Non-Profit**)</td>
<td>$149.00</td>
<td>$192.00</td>
</tr>
<tr>
<td>Limited</td>
<td>$80.00</td>
<td>$101.00</td>
</tr>
</tbody>
</table>

The difference between a full and limited temporary food event is dependent upon the complexity of the food service operations as well as the degree of food safety risk to the public. A limited temporary is “limited” to one (1) (low risk) potentially hazardous food product that is both commercially prepared & 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©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 [Temporary Food Establishment Operations Checklist (michigan.gov)](http://bit.ly/2ym7KDR).

www.barryeatonhealth.org    Be Active – Be Safe – Be Healthy    www.facebook.com/barryeatonhealth

Revised FY 2024
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.

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

*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.

<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: __________________________________________________________