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](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](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**

<table>
<thead>
<tr>
<th>License Type</th>
<th>Regular Fee</th>
<th>Regular with Late Fee*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>$153</td>
<td>$196</td>
</tr>
<tr>
<td>Full (non-profit**)</td>
<td>$149</td>
<td>$192</td>
</tr>
<tr>
<td>Limited</td>
<td>80</td>
<td>$101</td>
</tr>
</tbody>
</table>

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.


---

[www.barryeatonhealth.org](http://www.barryeatonhealth.org)  **Be Active – Be Safe – Be Healthy**  [www.facebook.com/barryeatonhealth](http://www.facebook.com/barryeatonhealth)
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.

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
☑ 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
Describe: ________________
☑ Canopy/tent
☑ Screening
☑ Other __________________

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
☑ 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

*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</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?</th>
<th>N Hot holding equipment used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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: ____________________________________________________________