



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

License Type	Regular Fee	Regular with Late Fees*
Full	\$231.00	\$298.00
Full (Non-Profit**)	\$227.00	\$152.00
Limited	\$119.00	\$298.00

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 \(michigan.gov\)](#)).

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.

*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: _____