

MDA use only  
 Insp. \_\_\_\_\_  
 Date Sent: \_\_\_\_\_  
 LY April 30, \_\_\_\_\_

**Michigan Department of Agriculture  
 Food & Dairy Division  
 P.O. Box 30746, Lansing, Michigan 48909-8246  
 Food Establishment License Application**  
 (As required by Act 92, Public Acts of 2000, as amended)

MDA use only  
 I.D. # \_\_\_\_\_  
 Limitation License Type Adj. \_\_\_\_\_  
 Receipt # \_\_\_\_\_

**\*\*All blanks must be completed. Please print legibly. Incomplete applications will delay processing.\*\***

<b>SECTION 1. Business Information</b>			
Name of Business		<b>Has this owner ever held an MDA Food Establishment License with this identical name?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (example: Market #12 is <u>not identical</u> to Market #11)	
Business Location Address			
Business City		State	Zip Code
Business Telephone	Business E-Mail Address		County of Business
Mailing Address			
City		State	Zip Code
		Federal Employer I.D. # OR Michigan Treasury #	

<b>SECTION 2. License Fee</b> MARK ONLY ONE CIRCLE . Check the basic type of business that applies to your establishment:			
COLUMN A	COLUMN B	COLUMN C	COLUMN D
<input type="radio"/> FRF- Retail Food Establishment  <input type="radio"/> FLP- Limited Wholesale Food Processor (\$25,000 or less in annual gross wholesale sales)  <input type="radio"/> FFW- Food Warehouse	<input type="radio"/> FRE- Extended Retail Food Establishment (Grocery with both food service and seating available)  <input type="radio"/> FFP- Wholesale Food Processor  <input type="radio"/> FMF- Mobile Food Establishment (grocery) <i>License Plate Number:</i> _____  <input type="radio"/> FMC- Mobile Food Commissary (Serving mobile grocery)	<input type="radio"/> FTM-Temporary Food Establishment (operates 14 consecutive days or less, excluding fairs)  <input type="radio"/> FSF- State or County Fair only  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Please indicate each fair name and county on Fair Supplemental Form.</div>	<input type="radio"/> FST- Special Transitory Food Unit (STFU)
COLUMN A LICENSE FEE: <b>\$ 70</b>	COLUMN B LICENSE FEE: <b>\$ 175</b>	COLUMN C LICENSE FEE: <b>\$28 for each license</b>	COLUMN D LICENSE FEE: <b>\$ 122</b>

Is this a seasonal agriculture business?  Yes  No    Please Indicate the season: \_\_\_\_\_ Commodity: \_\_\_\_\_

<b>SECTION 3. Ownership Information</b>			
Is this a change of ownership to an existing licensed food establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check the type of ownership: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint Tenant <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C. <input type="checkbox"/> Corporation			
L.L.C. or Corporate Name: _____			
Name	Title	Name	Title
Address		Address	
City	State	Zip Code	City
Telephone Number	Fax Number	Telephone Number	Fax Number
E-Mail Address	Date of Birth	E-Mail Address	Date of Birth

X \_\_\_\_\_  
 Signature and Title Date

**I certify the above information to be accurate.**  
 Make remittance payable to: **STATE OF MICHIGAN** and mail to address at top of form