

MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
43525 ELIZABETH ROAD  
MOUNT CLEMENS, MICHIGAN 48043  
586-469-5236

**TEMPORARY FOOD SERVICE**

Dear Applicant:

This application is provided for temporary food service operators who are unable to apply for licenses in person. A separate application must be completed for each temporary food service establishment. Please provide all the information requested. It is important that a daytime telephone number be provided so we can contact you prior to the event to verify the menu and explain general operational requirements.

2011 Temporary Food Service License Fees:

Application received **5 or more business days prior** to event start date \$102.00 \*  
Application received **1 - 4 business days prior** to event start date \$189.00 \*

\* Religious, charitable, fraternal, service, civic, or other non-profit organizations are exempt from paying the State portion of the license fee; and, therefore, should deduct \$8.00 from the fee amounts.

Please be advised that the Macomb County Health Department requires all temporary food applications and fees to be received in the office at least one full business day prior to the scheduled event. **Your temporary set-up will NOT be permitted to operate if application is received less than one full business day in advance of the event.** Refunds for cancellations will be made only if this department is contacted in advance of the scheduled date of the event.

Should you have questions regarding completion of this form or requirements for temporary food service establishments, please contact this Department at either 586-469-5236 or 586-465-8030.

**REQUESTS RECEIVED LESS THAN 1 BUSINESS DAY PRIOR TO THE EVENT WILL NOT BE PROCESSED**

MAIL TO:      MACOMB COUNTY HEALTH DEPARTMENT  
                  ENVIRONMENTAL HEALTH SERVICES DIVISION  
                  43525 ELIZABETH ROAD  
                  MT. CLEMENS, MICHIGAN 48043  
                  586-469-5236

Office Hours: 8:30 a.m. – 5:00 p.m. / Monday – Friday

Ownership:     Individual  
                   Partnership  
                   Corporation or Firm  
                   Governmental  
                   Religious  
                   Charitable  
                   Fraternal  
                   Civic  
                   Other

---

FOR M.C.H.D. USE ONLY

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

A. Operator Information (Electronic Form-Click, Type, Tab & Print)		
Name of Temporary Food Establishment (TFE)		
Name of Owner / Operator		
Mailing Address (Number & Street, Box or Route)		
City	State	Zip Code
Phone No. ( )	Alternate Phone No. ( )	

B. Event Information	
Proposed TFE Location (Number, Street, City)	
Name of Event (if applicable)	
Operation Starts Date                      Time	Operation Ends Date                      Time
TFE will be Set-Up and Ready for Inspection Date    Time	
Coordinator of Event	Phone No. ( )

C. Facility & Operations Information	
1. Will <b>ALL</b> foods be prepared at the TFE site? <b>Yes</b> <b>No</b> If no, complete <b>Attachment A</b> If NO, the operator must provide a copy of the current license for a food establishment outside the jurisdiction of the licensing area. <b>Home Prepared Foods Not Allowed</b>	
2. Describe (be specific) how frozen, cold and hot foods will be transported to the TFE	
3. How will food temperatures be monitored during the event?	
4. Describe the number, location and set-up of handwashing facilities to be used by the TFE workers	
5. Identify the source of the potable water supply serving your TFE. Describe how water will be supplied to your TFE.	
6. Describe how electricity will be provided to the TFE. Will it be provided 24 hours a day?	

## Temporary Food Service Establishment (TFE) License Application

**Michigan Department of Agriculture**  
To operate a Temporary Food Establishment in Michigan  
As required by Act 92, Public Acts of 2000, as amended

C. Facility & Operations Information (Continued)	
7. Describe the floors, walls, ceiling surfaces and lighting within the TFE. How will food be protected during display / service from insects, dust, customers, etc.?	
8. Describe where utensil washing will take place. Describe the equipment and procedures you will use to wash, rinse, sanitize and air dry equipment, utensils and other food preparation surfaces.	
9. List the type of sanitizer you will use ( you must provide a kit to test the sanitizer concentration)	
10. Describe how and where wastewater from utensil and hand washing will be collected, stored and disposed.	
11. How will cleaners and other chemicals be stored in relation to food supplies and utensils?	
12. Toilet facilities	Flush                      Portable
What type of handwashing facilities are provided for these facilities?	
13. Describe the number, location and types of garbage disposal containers at the TFE.	

<p><b>D. Consumer Advisory</b></p> <p>List any foods of animal origin that will be served raw or undercooked</p> <hr/> <p>For any raw or undercooked foods of animal origin, how will you notify your customers of the risks involved with these foods per the <a href="#">Michigan Food Law</a>.</p> <hr/> <p><b>THIS AREA FOR LOCAL HEALTH DEPARTMENT USE</b></p> <p>State Fee Exempt:    ___ Yes        ___ No          Local Fee Exempt:   ___ Yes        ___ No          Veteran Fee Exempt: ___ Yes        ___ No          LHD: retain copy of Act 359 Veteran's License</p> <p>Amt. Received:        ___ Check #                                        ___ Cash                                        ___ Receipt Number</p>	<p style="text-align: right;"><b>Page 2</b></p> <p><b>E. Drawing (Electronic Form-Click, Type, Tab &amp; Print)</b></p> <p>7. Provide a drawing of the TFE. Identify and describe all equipment (including cooking and cold holding equipment), handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, equipment for customer self-service and dispensing of condiments.</p>
---	---

**F. Food Preparation at the Temporary Food Establishment (List all foods. Make additional copies if more space is needed. Use attachment A for foods prepared off-site)**

Food	Food Source	Thaw How? Where?	Cut/Wash Assemble Where?	Cold Holding How? Where? Food Temp?	Cook How? Where? Food Temp?	Cooling How? Time/Temp?	Hot Holding How? Where? Food Temp?	Reheating How?	Handling Tongs, Utensils, Gloves, etc.

I have received a copy of the "Temporary Food Establishment Operations Checklist" <input type="checkbox"/>	Applicant's Signature	Date of Submission
--	-----------------------	--------------------

**SUBMIT APPLICATION & FEE TO THE [LOCAL HEALTH DEPARTMENT](#) WHERE THE TEMPORARY FOOD EVENT WILL BE HELD**

