



**Marquette County Health Department**  
**Division of Environmental Health**  
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## **Temporary Food Fee Breakdown**

### **MCHD Fees**

Temporary Food Application (Inspection during normal business hours: Monday-Friday, 8am-5pm)	\$50
Temporary Food Application (Inspection on <b><u>weekend or holiday</u></b> )	\$80
<b>Additional fee</b> for applications received less than 30 days from the event	\$25
Low Risk Temporary Food Application (In-office consultation with the Person-in-Charge)	\$25
Low Risk applications received less than 30 days from the event	\$38

### **State of Michigan Fees**

State Surcharge Fee (Non-profit organizations are exempt from paying State Surcharge)	\$3
Education Fund Fee	\$5

*Applications received less than four days from the operation start date pay **double the license fee.***

**Please note that your fee total should include  
the local MCHD fees and the State of Michigan Fees.**

Fees approved by the Marquette County Board of Commissioners at their Regular Meeting on 11/20/2007.

# 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.

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

\*If extensive food handling occurs, it must be done in a fully enclosed space.



# 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: \_\_\_\_\_