

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 ALL foods be prepared at the TFE site? Yes No If no, complete Attachment A If NO, the operator must provide a copy of the current license for a food establishment outside the jurisdiction of the licensing area. Home Prepared Foods Not Allowed	
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>D. Consumer Advisory</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 Michigan Food Law.</p> <hr/> <p>THIS AREA FOR LOCAL HEALTH DEPARTMENT USE</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;">E. Drawing (Electronic Form-Click, Type, Tab & Print) Page 2</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>
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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
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SUBMIT APPLICATION & FEE TO THE [LOCAL HEALTH DEPARTMENT](#) WHERE THE TEMPORARY FOOD EVENT WILL BE HELD

