



CATERING APPLICATION

Caterers may only operate out of licensed food service establishments. A sanitarian will review this application to determine if the existing food service establishment (equipment, amount of refrigeration, hot water capacity, storage space, hand wash facilities, etc.) can accommodate the proposed new operation.

A plan review may be required. A determination will be made after consultation and/or review of the establishment's file. You may also need to contact your township and local building department for approval to open.

An inspection will be required before you are allowed to open. You will be contacted by an Environmental Health Sanitarian to schedule this inspection.

Catering business information:

| | | | |
|------------------------|-------|-------|-----|
| Proposed business name | | | |
| Street address | City | State | Zip |
| Phone | Email | | |

Owner information:

| | | | |
|----------------|-------|-------|-----|
| Name | | | |
| Street address | City | State | Zip |
| Phone | Email | | |

Licensed food service establishment information:

| | |
|--------------------|------------|
| Establishment name | Owner name |
| Phone | Email |

Planned building or equipment changes/additions (attach additional pages as necessary):

Prior to your approval to operate, you must submit:

Receipt:

- Proposed menu
 - Standard Operating Procedures/SOP's
 - Manager certification certificate(s) (ServSafe, National Registry of Food Safety Professionals, or Thomson Prometric)
 - Allergen training certificate(s)
 - New equipment specification sheets (if applicable)
 - Use agreement between owner of the licensed food service establishment and caterer
 - Food service license application & fee
 - Fee for this catering application

General information:

Days and hours of catering operation: _____

Maximum number of meals to be catered/prepared per day: _____

Has a use agreement between the owner of the licensed food establishment and the caterer been submitted?

- Yes (please provide a copy of use agreement)
- No

Catering/Off-site service:

A. How will **hot food** be held at proper temperature during transportation and at the remote serving site location?

B. How will **cold food** be held at proper temperature during transportation and at the remote serving site location?

C. What types of vehicles will be used to **transport** food?

Please summarize the proposed operation. (If more space is needed, please attach additional pages.)

Applicant signature:

Submittal of this application does not guarantee that you will be approved for licensure. You will be notified if the information is incomplete or does not satisfy the minimum sanitation requirements. If you have questions about the application process, please contact our office at 734-222-3800.

Note that other agencies such as Michigan Department of Agriculture and Rural Development (MDARD), Michigan Liquor Control Commission, or local municipalities may also require you to submit plans and obtain operating licenses and permits. What you will need depends on your operation. Check with these agencies for specific requirements.

Refer to the following web sites for more information:

www.washtenaw.org/foodsafety
www.michigan.gov/mdard

I certify that the information submitted is accurate to the best of my knowledge.

Owner/Representative Signature: _____ Date: _____

Name and Title (please print): _____