



ESTABLISHMENT DATA SHEET

This form must accompany your food service license application. Remember to sign your license application and include the correct fees.

Name of Establishment: _____

Establishment Address: _____

Establishment Phone Number: _____

Owner/Manager Name: _____

E-Mail Address: _____

Ownership Type:

Individual

Partnership

Limited Liability

Corporation

Person's name and phone number to call in case of emergency: _____

Is your establishment a non-profit organization? No Yes

If yes, your Michigan Department of Treasury Tax Exempt Number: _____

What hours are you open for business? (If these hours change, please notify our department)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Is your establishment seasonal, which months are you open? _____