

MOBILE FOOD SERVICE UNIT REGISTRATION

Name of Business Owner (Last/First/Middle) _____ Date of Birth ____/____/____

Driver's License Number: _____ State Issued: _____

Home Address _____

City _____ State _____ Zip Code _____

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Telephone Number's (____) _____ (____) _____

Self Contained Vehicle Trailer Cart

Propane (LPG) Compressed Natural Gas (CNG) Generator Solar Solid

Stove Oven Deep Fryer Hood System Automatic Fire Suppression

Email: _____ Website: _____

License Plate: _____ Vehicle Manufacturer: _____

Vehicle Identification Number: _____ Year Built: _____

Vehicle Insurance Provider: _____ Insurance Phone: _____

Vehicle Insurance Policy Number: _____

Address of Insurance Provider: _____

City: _____ State: _____ Zip Code: _____

By signing below I am affirming that all the above to be true and correct. Further, I am the responsible party for all safe operations to be conducted in the Mobile Food Service Unit within the State of Michigan.

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

Applicant / Operator / Owner completed MFSU Safety Education Class: ____ YES ____ NO

Location attended: _____ **Date:** _____.

MFSU IS COMPLIANT TO OPERATE AS A MOBILE FOOD SERVICE UNIT.

MFSU IS **NOT COMPLIANT** TO OPERATE AS A MOBILE SERVICE UNIT.

MFSU REQUIRES CORRECTIONS HOWEVER IS ALLOWED TO OPERATE.

This Vehicle was inspected by: _____ On this date ____/____/____

BFS CFI#: _____ Vehicle Inspection Location: _____