

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 () _____ () _____

This Vehicle has the Following Fuel and Cooking Operations

- | | | | |
|---|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Propane (LPG) | <input type="checkbox"/> Compressed Natural Gas (CNG) | <input type="checkbox"/> Generator | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Oven | <input type="checkbox"/> Deep Fryer | <input type="checkbox"/> Hood System |
| <input type="checkbox"/> Automatic Fire Suppression | | | |

Email: _____ Website: _____

License Plate: _____ Manufacturer: _____

Vehicle Identification Number: _____ Year Built: _____

Vehicle Insurance Provider: _____

Vehicle Insurance Policy Number: _____

Address of Insurance Provider: _____

City: _____ State: _____ Zip Code: _____

Insurance Provider Telephone: () _____

By signing below, I _____ affirm 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 Signature: _____ **Date:** _____

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

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

_____ MFSU REQUIRES CORRECTIONS HOWEVER IS ALLOWED TO OPERATE.

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

BFS CFI#: _____ Vehicle Inspection Location: _____