



Food Program Information

By: The Best Food Sanitarian at BLDHD

Food Program Overview

- Food Licensing
- Temporary foods
- Plan review process
- Food complaints and Foodborne Illness
- Healthspace information
- Campgrounds
- Pools

Food Licensing

- MDARD will email new food license applications to BLDHD around January 16th.
- The Food Program Coordinator is responsible for adding the appropriate food license fee.
 - Our fee schedule is based on the type of establishment and the number of seats.
- Food license renewals are required to be returned to BLDHD or postmarked by April 30th. Late fees will apply for any food licenses received or postmarked after April 30th. Some exceptions may apply but are required to be approved by the EH Director or Food Program Coordinator.
- Food license renewals are typically received at the Leelanau Office in early to mid March.
- Returned food license renewal applications shall be reviewed by an Administrative Assistant to ensure appropriate payment is received and proper completion of the paperwork.
- Once reviewed, the renewal is provided to Food Program Coordinator for additional review and signature.
- New food operations licensed on or after January 16th are not required to renew the food license on April 30th.

Food Licensing

- When a new operation is approved to operate, the food license application is required to be signed by the sanitarian. Once signed, the license needs to be sent to MDARD. Please add the LHD (local Health Department) number at the bottom right of the licensing sheet if it has not been added already.
- **Leelanau LHD Number: 45/1045 (County Number)**
- **Benzie LHD Number: 10/1010 (County Number)**
- The LHD number also needs to be added onto temporary permits.
- MDARD has specific dates to submit license. (1st and 15th of the month).

| | | |
|--|--|--|
| Location City | Location State | Location Zip |
| Location Phone Number (###)###-#### | Seasonal License <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MOBILE ESTABLISHMENT INFORMATION | | |
| Business Name on Vehicle | | |
| VIN Number | Vehicle Make | |
| License Plate No. & State | Commissary/Related License Number | |
| FEES DUE | | Mail Application and Make Checks Payable to: |
| Total Fee Due \$ | | |
| INTERNAL USE ONLY | | |
| This Area for Local Health Department Use | | |
| Amount Received | | |
| Date Received (MM/DD/YYYY) | | |
| Check/Transaction/Receipt Number | | |
| Decal Number: | | |
| LHD County and Number | | |
| Exemptions <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Veteran | | |
| Signature of Health Department Representative | | |
| Date (MM/DD/YYYY) | | |

| | | |
|---|---|------------------------|
| Food, beverages, ice, condiments served <i>Baked Beans, Roast Beef, Corn, Fruit, Coffee.</i> | Phone No. (231) 313-0100 | Phone No. () |
| | LHD No. <u>45</u> | County No. <u>1045</u> |
| | State Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Local Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Veteran Fee Exempt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | LHD should retain a copy of Act 359 Veteran's license | |
| | Fee Amount: <u>70.00</u> | |
| | Amount Received: <u>70.00</u> | |
| THIS ESTABLISHMENT IS LICENSED ONLY FOR THE DATES LISTED ABOVE. | | |
| THE INSPECTOR'S SIGNATURE ON THE INSPECTION REPORT BELOW INDICATES APPROVAL OF THE LICENSE. | | |

Example of a blank food license

- **Yellow Highlight:** These sections need to be completed by the owner/operator.
- **Blue Highlight:** This section is required to be completed if the operation is a food truck or mobile license ONLY.
- **Red Highlight:** Completed by BLDHD Staff.

| ORGANIZATION DETAILS | |
|--|--|
| Organization/Owner Name (Name of LLC, Corporation, Individual Owner, etc.) | |
| Business Email | |
| Business Phone Number (###)###-#### | |
| Mailing Address | |
| City | State Zip |
| LICENSE DETAILS | |
| License Type (Select One) | |
| <input type="checkbox"/> Food Service - Fixed Establishment | <input type="checkbox"/> Food Service - Mobile Establishment |
| <input type="checkbox"/> Food Service - Mobile Commissary | <input type="checkbox"/> Food Service - Special Transitory Food Unit |
| Location Name (Enter the Business or Establishment Name, Include the Store Number if Applicable) | |
| Location Street Address | |
| Location City | Location State Location Zip |
| Location Phone Number (###)###-#### | Seasonal License <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MOBILE ESTABLISHMENT INFORMATION | |
| Business Name on Vehicle | |
| VIN Number | Vehicle Make |
| License Plate No. & State | Commissary/Related License Number |
| FEES DUE | |
| Total Fee Due | Mail Application and Make Checks Payable to: |
| \$ | |

| AUTHORIZED AGENT CONTACT |
|---|
| Authorized by the Owner to Manage the License Enter the Name and Information of the Owner or Agent |
| Contact Name |
| Phone Number (###)###-#### |
| Email |
| Title |
| Signature of Authorized Agent I Certify That This Information is Accurate |
| X |
| Date (MM/DD/YYYY) |

| INTERNAL USE ONLY |
|--|
| This Area for Local Health Department Use |
| Amount Received |
| Date Received (MM/DD/YYYY) |
| Check/Transaction/Receipt Number |
| Decal Number: |
| LHD County and Number |
| Exemptions <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Veteran |
| Signature of Health Department Representative |
| X |
| Date (MM/DD/YYYY) |

Temporary foods

- This is an outline to show what fees should be charged for certain temporary food applications. It also outlines what temporary food operations can meet for an in office temporary.
- A temporary food permit is required when an organization buys food from another location and serves the food at an event. For example, if an organization buys pre-made sandwiches from a licensed establishment and serves them at another location or event. A temporary permit is required because the licensed food establishment that made the sandwiches no longer has oversight of the product once it leaves.
- Please add the temporary organization information and details into the Food Book and in Teams and use the appropriate temporary permit number. *The permit numbers need to stay in order.
- A in-office temporary can be completed and approved before the event only for low hazardous menus. (Hot dogs and popcorn).

| Organization | Fee | Menu examples |
|---|----------|---|
| Temporary food license (For profit and full menu) | 140.00 | Full menu can be served. Examples are burgers, fish, and other foods that need prep) |
| In office temporary (For-profit) | 55.00 | Hot dogs, precooked brats, pancake breakfast that uses no raw foods, hold and serve operations, popcorn, and other low hazards foods) |
| In office temporary (Non-Profit) | 35.00 | Hot dogs, precooked brats, pancake breakfast that uses no raw foods, hold and serve operations, popcorn) |
| Additional Permits for the same organization | 45.00 | If an organization has completed one temporary permit, subsequent temporary permits will be 45.00 dollars. (Example is Holy Rosary) |
| Late fee | 1.5x fee | If submitted 4 or less days prior to event. |
| Late fee | 2x fee | If submitted day of event. |

Temporary Food Application

- To the right is an example of what needs to be completed on a temporary food application by the organization.
- If a non-profit is applying for a temporary permit, they must include the **non-profit tax ID** to get the lower fee.
- The middle section of the application **MUST** be signed and dated.

FI-231 (07/14)

MICHIGAN TEMPORARY FOOD ESTABLISHMENT LICENSE APPLICATION

APPLICANT/BUSINESS CONTACT INFORMATION:

Organization/Business Name: Nick's Fish Fry
Main Contact: Nick Dow Email: ndow@bldhd.org
Mailing Address: 7752 City: TC State: MI Zip: ---
Primary Phone: 810-287-1447 Cell Phone: --- Fax: ---
Alternative Contact Name: Kaitlyn D. Phone: 248----

PUBLIC EVENT INFORMATION: Name of Public Event: Nick's Fish Fry

Food Service Start Date: 6/10/21 Serving Start Time: 5pm AM/PM
Ending Date: 6/12/21 End Time: 8 AM/PM
When will food preparation begin? Date: 6/10/21 Starting Time: 1 AM/PM
Event Location (Name & Address): 7401 E. Duck Lake rd.
Event Coordinator Name: Nick Phone: ---

If Applicable, Non Profit Tax ID #: N/A

I AM AWARE THAT EACH BOOTH MUST BE PROPERLY EQUIPPED AND READY TO OPERATE BY THE TIME INDICATED, AND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY LICENSE.

Applicant Name (Print): Nick Dow
Applicant Signature: [Signature] Date: 6/10/21

Estimated Number of Meals to be Served Each Day: ---

EQUIPMENT LIST:

Identify equipment used at your temporary food establishment. Check all boxes that apply.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> A Hand Wash Station Large insulated container with a spigot, warm water, hand soap, paper towels and a large catch bucket <input type="checkbox"/> Hand sink <input type="checkbox"/> Self-contained portable unit <input type="checkbox"/> Other <u>---</u> | <input checked="" type="checkbox"/> B Cooking/Reheating Equipment Grill/BBQ <input type="checkbox"/> Fryer <input type="checkbox"/> Oven <input type="checkbox"/> Roaster <input type="checkbox"/> Other <u>---</u> | <input checked="" type="checkbox"/> C Cold/Hot Holding Equipment <input checked="" type="checkbox"/> Ice chest/cooler with ice <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Steam table <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Chafing dish w/ fuel <input type="checkbox"/> Slow cooker/roaster <input type="checkbox"/> Other <u>---</u> |
| <input type="checkbox"/> D Floor/Overhead Protection* <input type="checkbox"/> Food is prepared & served indoors <input type="checkbox"/> Floors are cleanable and impermeable Describe: <u>---</u> <input checked="" type="checkbox"/> Canopy/tent <input type="checkbox"/> Screening <input type="checkbox"/> Other <u>---</u> | <input checked="" type="checkbox"/> E Cleaning/Sanitizing Three basins to wash (dish soap), rinse (clear water) and sanitize (sanitizer) <input type="checkbox"/> Extra utensils <input checked="" type="checkbox"/> Bucket with sanitizing solution and wiping cloth(s) <input checked="" type="checkbox"/> Sanitizer <u>Chlorine</u> | <input checked="" type="checkbox"/> F Other <input checked="" type="checkbox"/> Chemical test strips to test sanitizer solution <input checked="" type="checkbox"/> Metal stem thermometer <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Hair restraints <input checked="" type="checkbox"/> Electricity available <input checked="" type="checkbox"/> Water source (circle all that apply) Municipal/City <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Bottled <input type="checkbox"/> |

*If extensive food handling occurs, it must be done in a fully enclosed space.

- Page two of the temporary application is the menu the organization is serving at the event.
- The applicant needs to complete this page for all food items they are planning on serving and where it is from.
- The menu is important when identifying which temporary fee to charge.

Only food and beverage items listed will be approved to serve.
Approval for any changes must be requested before the event.

*2 – IF YOU PLAN TO COOL ANY FOOD, CONTACT YOUR INSPECTOR TO DISCUSS THE METHOD YOU WOULD USE.

FOR LOCAL HEALTH DEPARTMENT USE:

Notes:

Amount Paid: _____ Receipt Number: _____

Temporary Food Application

- Page three of the temporary application is only used if the operator is planning on prepping food for the event at another licensed kitchen.
- If an operator is prepping/cooking food at a licensed location (Like Grow Benzie). Page three will be completed and signed by the applicant and a representative from the licensed food facility that they are using.

ADDENDUM A:

COMMISSARY AGREEMENT

Organizations or individuals requiring the use of an off-site kitchen facility must obtain a review and approval, by the licensing agency, of the off-site kitchen facility at the time of license application. Inspection fees may apply if the facility is NOT currently licensed as a permanent food establishment. If you change the commissary location prior to the event, notify the department to update the commissary agreement. It may be required that you provide a copy of the Commissary Food License.

Temporary Food Service Operator requiring the use of an off-site kitchen facility must complete the following information:

I, _____ allow _____
Licensed Food Service Operator/Owner *Organization*

to use _____
Name & Address of Licensed Facility Used *Facility License Number*

For: ☐ Food Preparation ☐ Cold Food Storage ☐ Cooking ☐ Cooling Food ☐ Hot Holding
☐ Dry Food Storage ☐ Warewashing ☐ Approved Water Supply ☐ Waste water Disposal
☐ Other: _____

Date(s) Licensed Facility will be used for this event: _____ to _____ Time of use: _____ AM/PM to _____ AM/PM

Signature of Licensed Facility Owner/Operator

Date

For Office Use Only

APPROVED _____ DENIED _____

COMMENTS: _____

** ONLY Needed if food is prepped at Grow Benzie or another Licensed Location*

Temporary Food Paperwork

When a temporary food application is received:

- Update/enter the organization's information into the Food logbook and Teams (located at both offices).
- Add the temporary food operations name under the "Temporary Food Tab" in the logbook.
- Temporary food permits are numbered and should be used in order. Permit numbers are found in the upper right-hand corner of the permit.
- After the food logbook is updated, application payment is processed, and temporary food permit is filled in, please give the temporary paperwork to the Food Coordinator for review and inspection.

Plan review paperwork

- Plan review is required in the following situations.
 - New Construction: Newly constructed establishments, units, or existing locations or operations which have not previously been licensed as a food establishment.
 - Remodeling: Extensive changes to kitchen and/or related equipment which could include major menu changes. This may include establishments which have had a food service license in the past. For example: Kitchen addition, bar addition, or major equipment changes.
 - Partial: Operating facilities that are making changes to the facility or equipment that do not require the facility to close.
 - New owners to a facility that has been closed for more than a year or at the sanitarian's discretion.
- Paperwork required for a new fixed facility:
 - Plan review application
 - Plan review worksheet
 - Standard operating procedures
 - Scaled floor plan
 - Proposed menu
 - Equipment specifications
 - Plan review fee

Plan review paperwork can be found on our website at: <https://bldhd.org/plan-review/>

What paperwork to provide?

- ☐ [Plan review application](#)
- ☐ [Plan review worksheet](#)
- ☐ [Standard operating procedures](#)
- ☐ [Plan review manual](#) (Guide to help the operator complete the worksheet)
- ☐ [Plan review submission instructions](#) (What the client needs to submit)
- ☐ Plan review fee (general information)
 - New fixed: 890.00 (new medium to large scale facilities)
 - Limited / Partial: 405.00 (new facilities with limited menu, kitchen expansion)
 - Food truck: 225.00
- I would recommend that the client also reach out to the Food Program Coordinator for more guidance.
- *Be aware that a well and septic review for remodel could be required to ensure proper size of the septic area.

Paperwork required to start plan review process

- Completed plan review application (2 pg)
- Completed plan review worksheet
- Scaled floor plan (Needs to be drawn to scale)
- Copy of the menu
- Completed Standard Operating Procedures (Required to be submitted prior to opening inspection)
- Certified Manager (Required prior to opening)
- Equipment Specification
- Appropriate plan review payment

* Once the paperwork is received, receipt the paperwork and add the facility into Healthspace, if it is a new food operation. (Please see the Food Program Coordinator if you need assistance when adding a new facility into Healthspace).

Internal documentation and logs

When a plan review is received, update the following items.

- Update the Food logbook (located in the Leelanau Office).
 - Add the facility information under the plan review section. Make sure you are adding it to the appropriate county.
 - Use the next plan review number from the logbook and add that number to the bottom of the plan review application that was submitted. (For example, a new plan review could be L-186 (Leelanau) or B-160 (Benzie).
 - Update the Teams Food licensing list. Add the facility to the bottom of the list. Add “Pending” under the license number.

General and Foodborne illness complaints

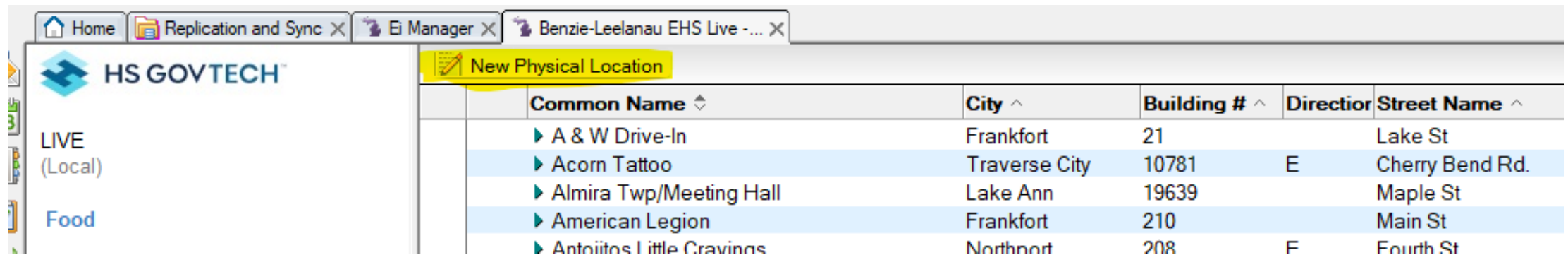
- When we receive a complaint or foodborne illness complaint, complete Form A to begin the complaint.
 - See example of Form A with sections highlighted that should be completed.
 - It is critical to obtain the complainant's contact information for foodborne illness complaints
- Once Form A is completed, you will need to add the complaint number to the top right of the form. You can find the next complaint number from the BLDHD food logbook.
- Logging the complaint: Add the complaint number and details in the BLDHD food logbook (Each office has its own book and numbering system).
- Immediately inform the Food Program Coordinator of the complaint and send the completed Form A to them via email and Microsoft Teams.
- The Food Program Coordinator will review the details once the paperwork is received.

REV (8/2018)

| FOOD RELATED ALERT/COMPLAINT RECORD | | | | Complaint Number |
|--|---|---|--|------------------|
| Form A | | | | |
| Complaint Received From: | Address: | | Phone: () | |
| Person to Contact for More Information | Address: | | Phone: Home () Work () | |
| Complaint Details: | | | | |
| | | | | |
| Illness <input type="checkbox"/> Yes ^{1,2} <input type="checkbox"/> No ³ | Number Ill <input type="checkbox"/> Same household | Time Illness Began Date: _____ Hour: _____ <input type="checkbox"/> am <input type="checkbox"/> pm | Predominant Symptoms | |
| Suspect Foods ⁴ | Source | Brand Identification | Lot Number | |
| Suspect Meal | Place | | Address: | |
| Persons Attending Suspect Meal | | Address: | | Phone: |
| | | | | |
| <small>*List additional persons on next page</small> | | | | |
| Received By: | | Investigation Initiated By: | Complaint Closed By: | |
| Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm | | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm | |
| Action Taken & Verification of Notification Area Provided on next page. | | Nature of Complaint: <input type="checkbox"/> Illness <input type="checkbox"/> Contaminated, Adulterated <input type="checkbox"/> Unsanitary Establishment <input type="checkbox"/> Other (Specify) | | |

Healthspace Information

- New facilities: When adding a new food operation into Healthspace please make sure you create a new physical location. ***This is only for new food operations.***



The screenshot shows the HS GOVTECH application interface. The top navigation bar includes tabs for Home, Replication and Sync, Ei Manager, and Benzie-Leelanau EHS Live. The left sidebar shows a tree view with 'LIVE (Local)' and 'Food' under a blue icon. The main content area displays a table titled 'New Physical Location' with the following data:

| Common Name ^ | City ^ | Building # ^ | Direction | Street Name ^ |
|-----------------------------|---------------|--------------|-----------|-----------------|
| ▶ A & W Drive-In | Frankfort | 21 | | Lake St |
| ▶ Acorn Tattoo | Traverse City | 10781 | E | Cherry Bend Rd. |
| ▶ Almira Twp/Meeting Hall | Lake Ann | 19639 | | Maple St |
| ▶ American Legion | Frankfort | 210 | | Main St |
| ▶ Antiochos Little Cravings | Northport | 208 | F | Fourth St |

➤ Complete the following sections highlighted in yellow under the new physical location tab.

- **Common name** (name of operation)
- **Township** (address the facility is located in or the home address of the owner for a food truck).
- **Health Office** (Benzie or Leelanau)
- **Parcel #** (Tax ID if known).
- **Licensee/owner**: Search to see if the owner is already existing. If an existing owner cannot be found, add the owner's information under the licensee/owner tab. When adding a new owner, enter it last name first (ex. Doe, Jane).
- Complete site and building contact information.

➤ Next, select the **"New"** tab, located in the top left above the common name. Highlighted in **Blue**.

- Choose "Food" to create a new food service facility.

| New Create Update Facilities Save Done Cancel | | | |
|--|-----------------|---|----------------------|
| Common Name | Township | Sewage System Jurisdiction <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> None | Health Office |
| Water System Jurisdiction <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> None | | | |

| Legal Description | | | |
|---------------------|----------|-----------|--------------|
| Property Identifier | Block | Tax Map # | Lot |
| Subdivision | GPIN # | Section | Census Tract |
| Parcel # | District | | |

| Global Position | | | |
|-----------------|--------------------|-----------------------------------|--------------------------------------|
| Latitude | Degrees Decimal | Minutes | Seconds |
| Longitude | Degrees Decimal | Minutes | Seconds |
| Altitude | | | |
| ISO6709 | | <input type="checkbox"/> Verified | Open in Google Earth |

| Licensee/Owner | |
|--|-----------------|
| New | Choose Existing |
| *Choose from the existing Licensees/Owners first. If not listed create a new Licensee/Owner. Please choose an existing Licensee/Owner or create a new Licensee/Owner. | |

| Contact Information for Physical Location | | | |
|---|-------------|--------------------|--------------------|
| Site Address | | Building Contact | |
| Building # | Direction | Street Name | Type Suffix |
| Zip Code | City | County | State |
| Country | Directions | | |

- In the newly created New Food Facility
- Make sure the **name** of the operation is accurate
- Add Nick as the sanitarian
- Put **administrative status** to “Active”
- Add the **type** of facility:
 - Fixed Establishment
 - Fixed 365 (Seasonal facilities that are open 9 months or less)
 - STFU or Mobile
- Input the **application date**. This could be the date they applied for plan review.
- **Status**: “Pending” until an opening inspection is completed.
- **Date permitted** will be left blank until they obtain a food license.

| Facility Information | | | |
|--|--|---|--------------------------------|
| Name Benzie Central High School | Sanitarian Nick Dow | Administrative Status Active | File Active Date 3-May-2018 |
| Facility ID NFRY-AYFRPC | Hide From web <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Operation Hours Open <input type="text"/> Closed <input type="text"/> | |
| The Facility Is Open <input checked="" type="checkbox"/> All Year Round | | | |

| Facility Details | | | | |
|-----------------------------|--------------------|--------------------------|------------------------------|--|
| Type Fixed Establishment | Chain Or Franchise | Maximum Seating capacity | Smoking Status Smoke Free | |
| Additional kitchens 0 | | | | |

| Operating Information | | | |
|--|--------------------------------|--------------------------------|--|
| Application Date 3-May-2018 | Status Permitted | Date Permitted 3-May-2018 | |
| Issue Date 1-Apr-2023 | Expiration Date 31-Mar-2024 | Permit Number SFE1010001495 | |
| Inspected Under <input type="radio"/> Local <input checked="" type="radio"/> State <input type="radio"/> Both | | | |

| Last Inspection | | Inspection Scheduling | | |
|-------------------------------|-------------------|---|------------------------------------|--|
| Date 26-Apr-2023 | # Violations 0 | Next Prescribed Inspection Due 11-Oct-2023 | Next Scheduled Re-inspection on | Inspection Frequency Every 6 months |
| License Status Operational | | | | |

Healthspace food file cont.

- **Billing**: add fee details that relate to the food operation.
- Ensure that the **licensee/owner** is accurate.
- Complete **contact information** for facility.
- Once all the information has been added. Hit “Save or Done” to save progress. The file can then be found under the food facilities section in Healthspace.

| Billing | | | |
|---|--|--|----------------|
| Create Annual Fee | Create Specific Fee | Create Random Fee | Create Renewal |
| Create Invoice | Post Payment | | |
| Remove Fee | Adjusting Entry | Print Receipt | Remove Payment |
| Unapply Overpayment | | | |
| ▶ Fee Details | | | |
| ▶ Payment History | | | |
| ▶ Invoice/Permit Details | | | |
| Billing Type Tax Exempt/Non-Profit/Education | | Billing Address Owner Address | |
| ▶ Facility Information Documents | | | |
| Licensee/Owner | | | |
| Change | | | |
| View | | | |
| Open In Business View | | | |
| Name Benzie Central Schools | | ID SJON-B2XL53 | |
| Contact Information For Facility | | | |
| Facility Location | Mailing Address | Billing Address | Phone / Email |
| Additional Contacts | | | |
| Primary Contact Title Food Service Director | Primary Contact First Lisa Purchase | Primary Contact Last Benzie Central Schools | |
| Building # 9300 | Direction [Dropdown] | Street Name Homestead | |
| Zip Code 49616 | | City Benzonia | |
| Country USA | | Directions [Dropdown] | |

Change of Owner Process

- A food license is non-transferable, and the new owner must apply for a new food license. A change of owner inspection is required asap. It is common to have a transition period prior to the new owner reopening but sometimes that doesn't happen. If the new owner takes over and begins operating, the sanitarian shall complete the change of owner inspection asap.
- If the new owner plans to make any changes, the sanitarian shall review the changes and see if a partial plan review is required (Please see plan review page for when a plan review is required). The sanitarian will use their discretion to determine if a plan review is required. The sanitarian shall review the menu and seating numbers and apply the food license fee appropriately.

Change of Owner Process

Change of owner inspection and paperwork:

- Sanitarian shall create a new food facility file for the location.
- The previous owners file and reports will be stored in the “Closed Facility drawer at the Leelanau Office”.
- Sanitarian shall complete a change of owner inspection at the establishment.
- Sanitarian shall use the “Existing Fixed Food Establishment Checklist” and include this in the file.
- New or updated standard operating procedures may be required.
- The establishment is approved to open if they have 2 or less priority/priority foundation violations that are corrected. Uncorrected violations shall be addressed, and a reinspection is required prior to approving them to open.
- Type II water samples may be required. If they have well water, contact the Noncommunity Water Program Coordinator for more information.
- If the facility has met the requirements, the Sanitarian shall include the following in the inspection report comment box, “Approved to operate”.
- Sanitarian will ensure that it is filled out properly and then sign the food license application. Once reviewed and signed, give the food license application to the Leelanau EH Administration Assistant for submission to MDARD.
 - The inspection report will serve as the food license until we get the official food license from MDARD. We expect to have the official food license from MDARD about 6-8 weeks after we submit it.

Change of Owner and Closing a Facility

Healthspace process for closing a facility

Open the Food Facility file that will be closed:

- Change the **Administrative Status** field to “Closed”.
- Another box will appear to the right once you change the administration status. Please add the date that you closed the facility.
- **Status**: change to “Out of Business”
- **Date permitted** will change to **termination date**. Please add the date the file is closed.
- Press the save button. The closed food facility and all reports will now be hidden under the food service tab in Healthspace. The closed food file and information can still be viewed under the “Land Development” tab if needed.

| Facility Information | | |
|--|--|---|
| Name Crystal Lake Elementary School | Sanitarian Nick Dow | Administrative Status Active |
| Facility ID NFRY-AYFRRW | Hide From web <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Operation Hours Open <input type="text"/> Closed <input type="text"/> |
| The Facility Is Open <input checked="" type="checkbox"/> All Year Round | | |

| Facility Details | | |
|-----------------------------|--------------------------|--------------------|
| Type Fixed Establishment | | Chain Or Franchise |
| | Additional kitchens 0 | |

| Operating Information | | |
|--|--------------------------------|--------------------------------|
| Application Date 3-May-2018 | Status Permitted | Date Permitted 3-May-2018 |
| Issue Date 1-Apr-2023 | Expiration Date 31-Mar-2024 | Permit Number SFE1010001497 |
| Inspected Under <input type="radio"/> Local <input checked="" type="radio"/> State <input type="radio"/> Both | | |

Note: Do not change the physical location address or close the physical file. The physical location name and reports will automatically move to the “Land Development” section for storage.

*If a new owner occurs at an established facility. You will close out the food file in Healthspace and adjust the “Physical Location” of the establishment for the new owner’s information. **DO NOT** create a new physical location. Under the existing “Physical Location” of the established facility, create a new “Food Facility” for the new owner.

Change of Owner

Healthspace process for change of owner:

- If the existing food facility will have a new name, change the “Common Name” of the Physical Location to match the name of the new food facility.
- **Administration Status** = “Active”
- Add the **Type** of facility
- Add **Application Date**
- **Status** = “Pending” until a change of owner inspection is completed
- **Permit Number** = “Pending” (will be provided by MDARD on the food facility license).
- Add **Billing Type**

| Facility Information | | |
|--|--|---|
| Name Mayfair Burger Bar | Sanitarian Nick Dow | Administrative Status Active |
| Facility ID NDOW-CWXQ95 | Hide From web <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Operation Hours Open <input type="text"/> Closed <input type="text"/> |
| The Facility Is Open <input checked="" type="checkbox"/> All Year Round | | |

| Facility Details | | |
|-----------------------------|--------------------------|--------------------|
| Type Fixed Establishment | | Chain Or Franchise |
| | Additional kitchens 0 | |

| Operating Information | | |
|--|--------------------------------|--------------------------|
| Application Date 25-Oct-2023 | Status Pending | |
| Issue Date | Expiration Date 31-Mar-2024 | Permit Number Pending |
| Inspected Under <input type="radio"/> Local <input checked="" type="radio"/> State <input type="radio"/> Both | | |

| Last Inspection | | Inspection Scheduling |
|-------------------------------|-------------------|--------------------------------|
| Date 25-Oct-2023 | # Violations 0 | Next Prescribed Inspection Due |
| License Status Operational | | |

Supporting Facility Documents

All Docs

| Billing | | |
|---|----------------------------------|--|
| Fee Details | | |
| Payment History | | |
| Invoice/Permit Details | | |
| Billing Type Full Service 51-100 Seats | Billing Address Owner Address | |

Change of Owner and Closing a Facility

- Ensure that the Licensee information transferred from the Physical Location file.
- Review and add information that could be missing in the “Contact Information”.
- Once completed hit “Done” at the top of the file to save and exit the file.

| Licensee/Owner | | | | |
|----------------------------|--|-------------|--|--|
| Name | | ID | | |
| Across The Bay Hospitality | | NDOW-CWXQ5Z | | |

| Contact Information For Facility | | | | |
|----------------------------------|-----------------------|----------------------|---------------|---------------------|
| Facility Location | Mailing Address | Billing Address | Phone / Email | Additional Contacts |
| Primary Contact Title | Primary Contact First | Primary Contact Last | | |
| | Natalie | Crawford | | |
| Building # | Direction | Street Name | | Type |
| 515 | | Frankfort 🇨🇭 | | Ave |
| Zip Code | | City | | County |
| 49628 | | Elberta | | Benzie |
| Country | | | Directions | |
| USA | | | | |

How to View Old Files

- Under the “Land Development” section in Healthspace, you can view the complete history at the physical location with past and current licensed operations.
- This allows us to view old reports and see what operations have held a food license at that physical address.

| | | | | | |
|---|-----|---------------|---------|--------|----------------------------|
| ▼ Mayfair Burger Bar | 515 | Frankfort Ave | Elberta | Benzie | Across The Bay Hospitality |
| ▶ Food Facility: "Mayfair Burger Bar", Nick Dow, Fixed Establishment - Full Service 51-100 Seats, Applied on 25-Oct-2023, Pending | | | | | |
| ▶ Food Facility: "The Mayfair Tavern", Nick Dow, Fixed Establishment - Full Service 51-100 Seats, Applied on 3-May-2018, Out of Business on 30-May-2022 | | | | | |

Updating Healthspace

- Once the facility's opening or change of owner inspection is completed, and the facility is approved to operate:
- The **status** should be changed to "Permitted". The permit number should be changed to either "Pending" or "TBD". We will not know the license number until we get the license from MDARD. Once we receive the license, the Healthspace permit number needs to be updated.

| Facility Information | | |
|---|---|---|
| Name Leland Picnic | Sanitarian Nick Dow | Administrative Status Active |
| Facility ID VHOK-CDWJDN | Hide From web <input type="radio"/> Yes <input checked="" type="radio"/> No | Facility Operation Hours Open <input type="text"/> Closed <input type="text"/> |
| The Facility Is Open <input type="checkbox"/> All Year Round | Months Open <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input checked="" type="checkbox"/> Apr <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> Jun <input checked="" type="checkbox"/> Jul <input checked="" type="checkbox"/> Aug <input checked="" type="checkbox"/> Sep <input checked="" type="checkbox"/> Oct <input checked="" type="checkbox"/> Nov <input checked="" type="checkbox"/> Dec | |

| Facility Details | | |
|-----------------------------|--------------------------|--------------------|
| Type Fixed Establishment | | Chain Or Franchise |
| | Additional kitchens 0 | |

| Operating Information | | |
|--|--------------------------------|--------------------------------|
| Application Date 28-Apr-2022 | Status Permitted | Date Permitted 17-Jun-2022 |
| Issue Date 1-Apr-2023 | Expiration Date 31-Mar-2024 | Permit Number SFE1045263193 |
| Inspected Under <input type="radio"/> Local <input checked="" type="radio"/> State <input type="radio"/> Both | | |

Updating Microsoft Teams License File

- Please update or add new facilities into the current MS Teams food service license excel spread sheet.
- The Food Service License sheet is in Microsoft Teams.
- Food/Pool/Campground License team → Food service → Food License Sheet.

| ndo Clipboard Font Alignment Number Styles Cells | | | | | | | | |
|--|-----------------------------------|-----------------------------------|--------|--------------|-----|-----------|-----------|-----------------|
| 231 | Buchan's West Bay | | | | | | | |
| A | B | C | D | E | G | H | I | |
| 1 | WHEN SORTING: Please inclu | | | | | | | |
| 2 | Permit | Facility | Count | License type | Fee | Total fee | Recieved | License sent |
| 3 | Pending | Mayfair Tavern/300026 | Benzie | 51-100 | 525 | 525 | No fee | |
| 4 | Pending | Conundrum Café / 300186 | Benzie | 0-50 | 365 | 365 | | Changing owners |
| 5 | SFE1010001490 | Frankfort High School/300001 | Benzie | Non-Profit | 230 | 230 | 3/20/2023 | 3/30/2023 |
| 5 | SFE1010001491 | Villa Marine Bar/300002 | Benzie | 51-100 | 525 | 525 | 3/20/2023 | 3/30/2023 |
| 7 | SFE1010001492 | Frankfort Elementary/300004 | Benzie | Non-Profit | 230 | 230 | 4/28/2023 | 3/30/2023 |
| 3 | SFE1010001495 | Benzie Central High School/200111 | Benzie | Non-Profit | 230 | 230 | 4/14/2023 | 4/28/2023 |

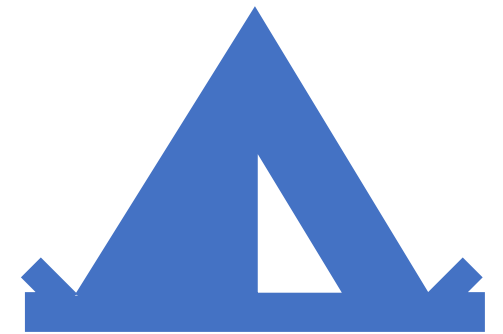


Random info

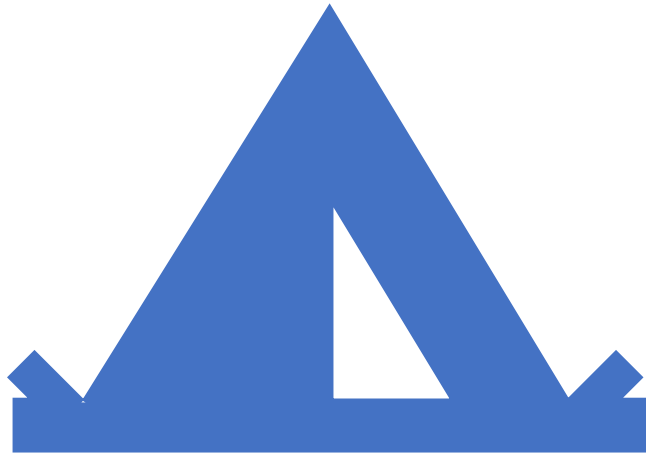
- All food files are stored and maintained in the Leelanau office.
 - The food sanitarian tends to pull food files that are due for an inspection at the beginning of each month.
- Temporary fees can be confusing at times. Please call or email the Food Program Coordinator with any questions.
- All completed temporary permits and food license applications are provided to the designated administration assistant for submission to the State.



Campgrounds and Swimming Pools



Campgrounds



- Campgrounds are required to pay yearly license fees to the State and inspection fees to Local Health Departments (LHD).
- Each campground gets one routine inspection a year.
- Completed campground inspection reports are sent to the Environmental Health Director within a week of completion for review and submission to the State.
- The owner, or their representative, of a proposed new campground or addition to an existing campground must contact the State to obtain a campground construction permit.
- A septic and/or water well permit must be obtained from the LHD prior to beginning construction of the campground.
- Well and septic sizing will be reviewed by LHD's but large operations and systems (>6,000 gpd) are reviewed but the State Groundwater Discharge Program.
- LHD's work with the State Campground program staff to ensure compliance.

Campgrounds

- Change of Owner process: We need to provide the State campground program with the new owners contact information. Currently, the process is done manually by the State until the new campground system is completed. Please email Sarah to start the change of owner process.
 - **Sarah Rottiers**
RottiersS@Michigan.gov
517-282-4032
- Website: General information: [EGLE - Campground Homepage](#)
- Campground rules: [Legislation Governing Campgrounds](#)
- Campground informational PowerPoint: [EGLE Campground Program Presentation \(2022\)](#)





Temporary Campground Process

- A temporary campground is required when more than 4 campsites are available during an event or festival.
- Steps for obtaining a temporary campground license: [Document - Steps for Obtaining a Temporary Campground License](#)
- Temporary Campground License applications are obtained at LHD offices.
- Below are the requirements and other items that are required before a temporary campground permit can be approved. Fees will vary depending on the number of proposed campsites.
- A temporary campground permit is valid for 2 weeks with one extension of an additional 2 weeks if requested. A minimum of 30 days is required between temporary campground licenses.

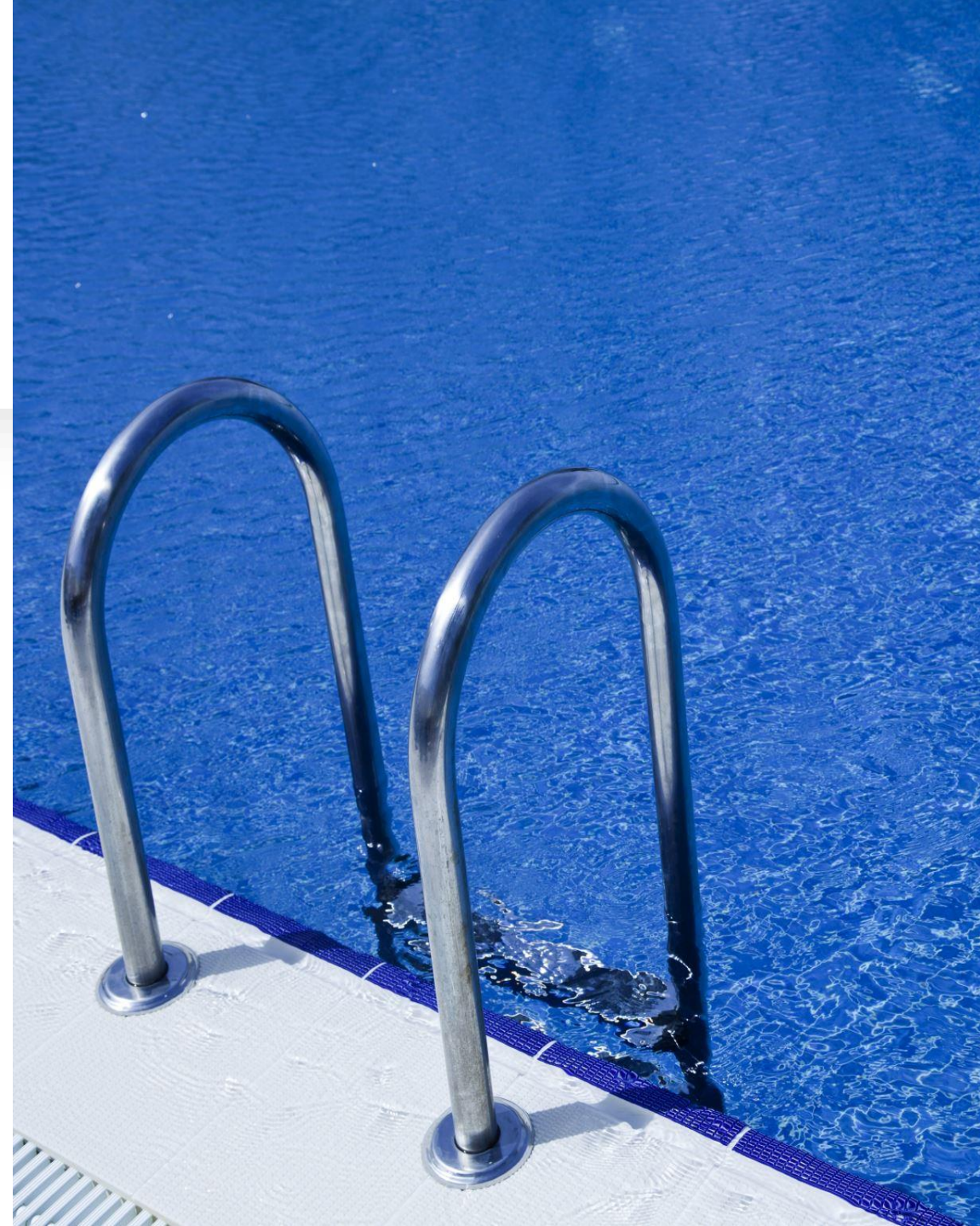
Submit the following to the Local Health Department (LHD) having jurisdiction at least 14 days prior to the event:

- (1) This completed license application. This application form is available at all local health department offices.
 - (2) State License Fee plus LHD Inspection Fee made payable to the LHD (contact the LHD to inquire about their inspection fee).
 - (3) Copies of current safe water sample results and service contracts to be provided (i.e., portable privies, garbage, etc.).
 - (4) A site plan showing the layout of the campsites (with a numbering system for emergency response purposes), site dimensions, Group Camp Area(s), roads, service bldg(s), well(s), septic tank(s), drainfield(s), privy locations, sanitary dump station or sign to nearest station, etc.
- For more information, visit your LHD, go to Michigan.gov/EGLECampgrounds, or call the EGLE Campground Program at 517-284-6520.*

Swimming pools

- New proposed swimming pools and hot tubs are required to obtain a construction permit from the State and submit plans to the State and Local Health Departments.
 - LHD's are required to print and create a new swimming pool file for the proposed swimming pool.
- New swimming pools in the area are required to be reviewed and opened by the State.
- Swimming pools are required to pay yearly license fees to the State and to Local Health Departments.
- Each licensed swimming pool gets one routine inspection a year.
- Completed swimming pool inspection reports are sent to the Environmental Health Director within a week of completion for review and submission to the State.
- Change of Owner process: New owner must complete the change of owner paperwork and submit it to the State.

[Pool Facility and License Transfer Form](#)





General Swimming Pool links and info

- Website: [EGLE Public Swimming Pool Home Page](#)
- Rules: [Public Swimming Pool Rules](#)
- [Swimming Pool Guidelines](#) for pool operators is mailed to the owner with the license renewal.

Swimming Pool Report Cheat Sheet



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

PUBLIC SWIMMING POOL INSPECTION REPORT

Issued under authority of 1978 PA 368, as amended.

SP - - /
Pool 1 Pool 2

| | | | |
|---|--|---|--|
| Pool Establishment Name | | Inspection Date: _____ | |
| Street Address | | Approved for Operation? Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional <input type="checkbox"/> | |
| City or Township | | LHD or MDEQ Representative | |
| Telephone Number | | Report Received By | |
| Inspection Type: <input type="checkbox"/> Seasonal Opening <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Indoor <input type="checkbox"/> Combination <input type="checkbox"/> Swim <input type="checkbox"/> Spa <input type="checkbox"/> Slide <input type="checkbox"/> Outdoor <input type="checkbox"/> Wade <input type="checkbox"/> Diving <input type="checkbox"/> Other | | | |
| Flow Rate ____ / ____ | | pH ____ / ____ | |
| Water Temp. ____ / ____ °F | | Stabilizer ____ / ____ mg/L | |
| | | Samples for bacteriologic analysis collected? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| KEY: ✓ = Compliance X = Noncompliance - = Not Applicable The rule number(s) or Act sections are in brackets. | | | |
| POOL ENCLOSURE AND DECK | | BATHHOUSE | |
| <input type="checkbox"/> 1. Doors or gates comply [28(2) & 91(1)] | | <input type="checkbox"/> 24. Shower, toilet, or dressing rooms clean [91(4)] | |
| <input type="checkbox"/> 2. Pool enclosure complies [28] | | <input type="checkbox"/> 25. Bathhouse materials and fixtures comply [74, 75 & 76] | |
| <input type="checkbox"/> 3. Deck clean, drains, & in good condition [29, 29a, & 91(4)] | | <input type="checkbox"/> 26. Hot water and soap provided [25(2) & 91(7)] | |
| <input type="checkbox"/> 4. Pool side showers comply [78] | | MECHANICAL EQUIPMENT | |
| <input type="checkbox"/> 5. Drinking fountain complies [31] | | <input type="checkbox"/> 27. Mechanical equipment housed [71] | |
| <input type="checkbox"/> 6. Hose bibs comply [79] | | <input type="checkbox"/> 28. Piping and arrows comply [37] | |
| <input type="checkbox"/> 7. Depth markers & "no diving" provided [32] | | <input type="checkbox"/> 29. Pump adequate and functioning properly [38, 45 & 56(1)] | |
| <input type="checkbox"/> 8. Diving facilities & starting platforms comply [33 & 35] | | <input type="checkbox"/> 30. Flow rate control valve complies [38(1)] | |
| <input type="checkbox"/> 9. Ladders/stairways comply; front edge of steps marked [34] | | <input type="checkbox"/> 31. Flow meter functioning and rate adequate [38(2) & 98(1)] | |
| POOL WATER QUALITY AND POOL STRUCTURE | | <input type="checkbox"/> 32. Filters and gauges functioning properly [51, 54 & 98(1)] | |
| <input type="checkbox"/> 10. Pool water clarity & quality comply [34] | | <input type="checkbox"/> 33. Chemical feeder functioning properly [57, 98(1) & 98(4)] | |
| <input type="checkbox"/> 11. Pool sides and bottom smooth & clean [22(3) & 91(4)] | | <input type="checkbox"/> 34. Other air and water pump systems comply [42 & 46] | |
| <input type="checkbox"/> 12. Pool structure in good condition [22 & 91(4)] | | <input type="checkbox"/> 35. Water heater and thermometers comply [61, 62, & 94(7)] | |
| <input type="checkbox"/> 13. Pool ledges, seats, & slope changes marked [23(5), (7), (9)] | | <input type="checkbox"/> 36. Vacuum cleaner on hand [63] | |
| <input type="checkbox"/> 14. Water level suitable for skimming [34a] | | <input type="checkbox"/> 37. Chemicals stored properly [91(5)] | |
| <input type="checkbox"/> 15. Overflow system/skimers function & clean [43, 43a, & 44] | | <input type="checkbox"/> 38. Water supply adequate and protected [25 & 26] | |
| <input type="checkbox"/> 16. Pool water inlets comply [41] | | <input type="checkbox"/> 39. Wastewater facilities adequate [27] | |
| <input type="checkbox"/> 17. Main outlets comply [42] | | <input type="checkbox"/> 40. Construction approvals for new equipment [Sec. 12525] | |
| SAFETY | | GENERAL OPERATION | |
| <input type="checkbox"/> 18. Lifeguards on duty or sign posted [94a & 98] | | <input type="checkbox"/> 41. Test kits suitable and used [59 & 94] | |
| <input type="checkbox"/> 19. Bather load (#) within limit & sign posted [93] | | <input type="checkbox"/> 42. Qualified person readily available [27] | |
| <input type="checkbox"/> 20. Hazardous objects, food, or drink controlled [92(8)] | | <input type="checkbox"/> 43. Operation permit fee paid [Sec. 12527 & 5(2)] | |
| <input type="checkbox"/> 21. Lifeline complies [32(10) & 91(3)] | | <input type="checkbox"/> 44. Operation report forms used [99] | |
| <input type="checkbox"/> 22. Safety equipment complies & on hand [65 & 91(2)] | | <input type="checkbox"/> 45. Contingency plan/water sampling [94a & 95] | |
| <input type="checkbox"/> 23. Telephone available, evident, & sign posted [65(8), (9)] | | <input type="checkbox"/> 46. No modifications without a const. permit [Sec. 12525] | |
| Remarks | | | |

When do we close Swimming Pools?

➤ Failure to meet water quality standards:

- Positive coliform or E.coli water tests.
 - Swimming pool operations are required to complete surface water testing every quarter they are operating. If a pool is closed for this reason, a pool can reopen when we receive “Absent” water sample results.
- Low Chemical Levels or PH results outside of the normal range.

| Disinfectant | Type of Residual | pH | |
|--------------|-------------------------|------------|-------------|
| | | 7.2 to 7.5 | >7.5 to 8.0 |
| Bromine | Bromine | 2.0 | 2.0 |
| Chlorine | Free available chlorine | 1.0 | 2.0 |

- Water clarity issues. The swimming pool water must be clear enough to see the bottom



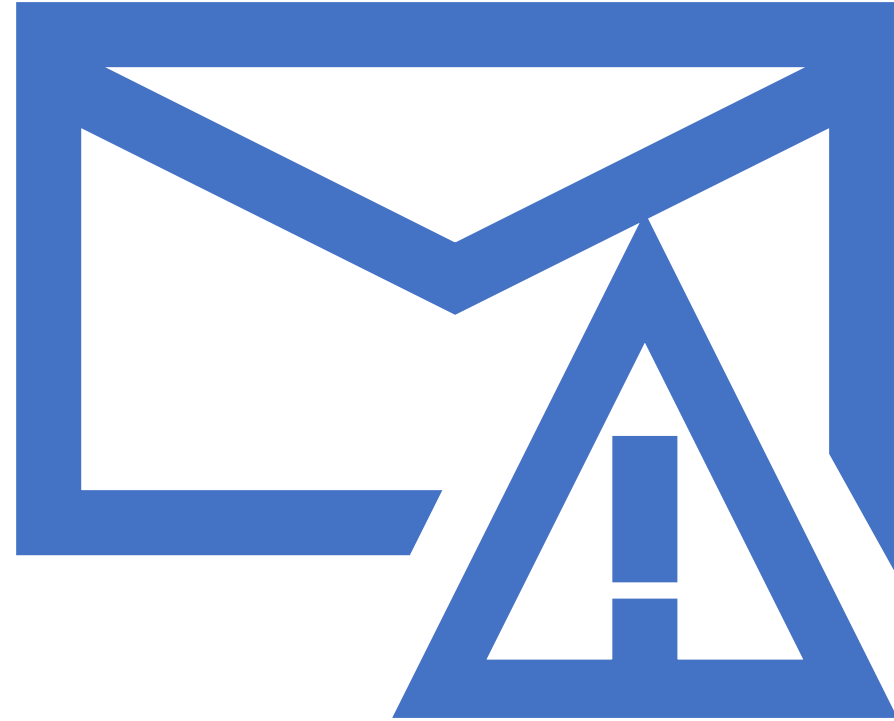


Swimming Pool Closures

- Mechanical Failure: The pool is unable to maintain safe chemical levels and filtration.
- A break or gap at the main drain cover that can increase the risk of entrapment.
- Lack of a qualified pool operator. A swimming pool operator shall be readily available when the pool is open.
- A contamination event.
- Enclosure issue where safety is a concern. Entrances shall be self closing and locking to prevent infants and young children from being able to enter the pool area.
- [Swimming pool closure](#) form can be found in both offices in the pool file drawer.

BLDHD Administration

- The Benzie Office Administrative Assistant oversees the billing for campground and swimming pool inspections.
 - Invoices are sent in mid-late January.
- To ensure proper billing and updating, please email the Benzie Office Administrative Assistant any new campgrounds and pool operations.



Questions?

If you have any questions, please feel free to ask the EH
Director or the Food Coordinator

We are all in this together!