

Luce County • 14150 Hamilton Lake Road, Newberry, MI 49868 • (906) 293-5107 • Fax (906) 293-5453

Mackinac County • 749 Hombach Street, St. Ignace, MI 49781 • (906) 643-1100 • Fax (906) 643-0239

Alger County • E9526 Prospect Street, Munising, MI 49862 • (906) 387-2297 • Fax (906) 387-2224

Schoolcraft County • 300 Walnut St., Room 155, Manistique, MI 49854 • (906) 341-6951 • Fax (906) 341-5230

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Request for the following inspection:		FOR OFFIC	FOR OFFICE USE ONLY	
		Fee Paid:		
Change of Ownership (\$227)		Date:		
☐ Change of Ownership (\$227)		Cash/Check/CC:		
☐ Change of Use (\$227)		Receipt #:		
☐ Re-opening After Period of Closure (\$227)				
☐ Plan Review Minor Changes (\$260)				
For use by Food Service Establishments, pursuant	to Act 92, Public Act of .	2000, Michigan Food La	'W	
Name of Current Licensed Establishment:				
Address of Establishment:				
Will Name of Facility Change? If Yes, New Name:				
Mailing Address and Contact Information of Person Reque	esting Inspection:			
Mailing Address and Contact Information of Person Reque		nt Owner	sed Owner	
	Prese			
Name:	Prese			
Name:	Prese			
Name: Address:	State:	Zip Code:		
Name: Address: City: Phone/Cell: For Change in Use or Plan Review Minor Changes, please	State:	Zip Code:		
Name: Address: City: Phone/Cell: For Change in Use or Plan Review Minor Changes, please	State:	Zip Code:		
Name: Address: City: Phone/Cell: For Change in Use or Plan Review Minor Changes, please	State:	Zip Code:		
Name: Address: City: Phone/Cell: For Change in Use or Plan Review Minor Changes, please	State: Email: provide a brief description	Zip Code:		

A Michigan Department of Agriculture and Rural Development (MDARD) approved inspection report form will be provided to the person requesting the inspection after the inspection is completed.