



St. Clair County Health Department
3415 28th St. Port Huron, MI 48060
Phone: (810) 987-5306 Fax: (810) 985-5533

Notice of Intent to Serve Food: Extension of Fixed License

NOTICE TO OPERATOR: *Before serving food within the jurisdiction of St. Clair County Health Department, you must notify the health department in writing of each location at which food will be served, and include the dates and hours of service. This notice must be mailed/faxed not less than seven days before the event. This form is provided for your convenience.*

Business Name: _____

Business Address: _____

Owner/Operator's Name: _____

Business or Day Time Phone Number: _____

Event: _____

Location where food will be served: _____

Dates & Times of Service: _____

Type of Structure: _____

Water Source: well municipal Sewage Disposal: _____

Menu: _____

Will there be any on site preparation OR hot/cold holding required? _____

If yes, explain: _____