



# Restaurant/Bakery/Other Food Establishments or Services Application

Please mail completed form & fees to:  
Livonia City Clerk  
33000 Civic Center Drive, Livonia, MI 48154-3097

Make checks payable to 'City of Livonia'  
Phone: (734) 466-2228

Full Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Address City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business Name \_\_\_\_\_  
(As it should appear on license)

Location of Business \_\_\_\_\_  
Address City State Zip

Business Phone Number \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

→ **Fee: \$25 annually**

→ **Please include a copy of your valid license issued by the state of Michigan**

**\*License always expires on November 30<sup>th</sup> every year**

- **Itinerant Restaurant/Transient Food Vendor (limited to 7-day period) → Fee: \$15**
- **If itinerant restaurant/transient food vendor, please include the name & dates of event:**

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**! Incomplete applications will be returned**

**Issued License by MDARD  
(Established Businesses)**

Expires: 04/30/2025

Issued To: TIM HORTONS  
27340 EUREKA RD  
TAYLOR MI 48180-7812

Business →

Responsible Party and Address:

Mailing Address →  
EMJN LLC  
143 CADYCENTRE # 242  
NORTHVILLE MI 48167-1119  
(Company for Business)

State of Michigan  
Department of Agriculture &  
Rural Development  
Food and Dairy Division

SFE-4882-081112  
FOOD SERVICE - FIXED  
ESTABLISHMENT  
Display for Public View



Dr. Tim Boring  
Director

Issued by the Michigan Department of Agriculture and Rural Development to operate a Food Service Establishment in accordance with provisions of Act 92, P.A. of 2000, as amended.  
This license is not transferable.  
Failure to post in a conspicuous place is a misdemeanor. (See Section 4119)  
Notify the Local Health Department before a change of ownership. (See Section 4123)  
Direct Inquiries to the Wayne County Public Health

Expires: 04/30/2025

Issued To: TIM HORTONS  
27340 EUREKA RD  
TAYLOR MI 48180-7812

Responsible Party and Address:

EMJN LLC  
143 CADYCENTRE # 242  
NORTHVILLE MI 48167-1119

State of Michigan  
Department of Agriculture &  
Rural Development  
Food and Dairy Division

SFE-4882-081112  
FOOD SERVICE - FIXED  
ESTABLISHMENT  
Display for Public View



Dr. Tim Boring  
Director

Issued by the Michigan Department of Agriculture and Rural Development to operate a Food Service Establishment in accordance with provisions of Act 92, P.A. of 2000, as amended.  
This license is not transferable.  
Failure to post in a conspicuous place is a misdemeanor. (See Section 4119)  
Notify the Local Health Department before a change of ownership. (See Section 4123)  
Direct Inquiries to the Wayne County Public Health

Expires: 04/30/2025

Issued To: TIM HORTONS  
27340 EUREKA RD  
TAYLOR MI 48180-7812

Responsible Party and Address:

EMJN LLC  
143 CADYCENTRE # 242  
NORTHVILLE MI 48167-1119

State of Michigan  
Department of Agriculture &  
Rural Development  
Food and Dairy Division

SFE-4882-081112  
FOOD SERVICE - FIXED  
ESTABLISHMENT  
Display for Public View



Dr. Tim Boring  
Director

Issued by the Michigan Department of Agriculture and Rural Development to operate a Food Service Establishment in accordance with provisions of Act 92, P.A. of 2000, as amended.  
This license is not transferable.  
Failure to post in a conspicuous place is a misdemeanor. (See Section 4119)  
Notify the Local Health Department before a change of ownership. (See Section 4123)  
Direct Inquiries to the Wayne County Public Health

**Processed Application  
(For NEW Businesses Only)**



Michigan Department of Agriculture  
and Rural Development  
Bureau of Food Safety and Animal Health

**Food Service License New Application**

License Application must be completed in accordance with provisions of the Michigan Food Law, Public Act 92 of 2000, as amended.

LICENSING PERIOD DATES - JANUARY 16, 2024 TO APRIL 30, 2025



PR-24-031

**SECTION A: ORGANIZATION DETAILS**

Organization/Owner Name (Name of LLC, Corporation, Individual Owner, etc.)

Best city Gourmet LLC

Business Email

bestcitygourmet@gmail.com

Business Phone Number (###-###-####)

772 634 4779

Mailing Address

City: Livonia State: MI Zip: 48154

**SECTION B: LICENSE DETAILS**

License Type (Select One)

- Food Service - Fixed Establishment
- Food Service - Mobile Establishment
- Food Service - Mobile Commissary
- Food Service - Special Transitory Food Unit

Location Name (Enter the Business or Establishment Name, Include the Store Number if Applicable)

CITY GOURMET

Location Street Address

98407 Five mile rd

Location City

Livonia

Location State

MI

Location Zip

48154

Location Phone Number (###-###-####)

Seasonal License

- Yes
- No

**MOBILE ESTABLISHMENT INFORMATION**

Business Name on Vehicle

VIN Number

Vehicle Make

License Plate No. & State

Commissary/Related License Number

**SECTION C: PAYMENT INFORMATION**

Mail Application and Make Checks Payable to:

Total Fee Due

\$ 503<sup>00</sup>

**SECTION D: AUTHORIZED AGENT INFORMATION**

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

Date (MM/DD/YYYY)

04/30/24

**INTERNAL USE ONLY**

This Area for Local Health Department Use

Amount Received 503-

Date Received (MM/DD/YYYY)  
4/30/24

Check/Transaction/Receipt Number  
MC 881-012938

Decal Number:

LHD County and Number

Wayne 4887

Exemptions:

- State
- Local
- Veteran

Signature of Health Department Representative  
X [Signature]

Date (MM/DD/YYYY)  
05/13/2024

To request a replacement license:  
<https://www.michigan.gov/mdard/licensing>



Wayne County Health Department  
33030 Van Born Road  
Wayne, MI 48184  
Phone: 734-727-7400  
Fax: 734-727-7165  
<https://www.waynecounty.com/departments/hhvs/wellness/food-service-licensing.aspx>