WAYNE STATE UNIVERSITY
License to Operate a Bake Sale

LICENSE NUMBER
850 483

Name of Group: ____________________________
Office Address: ____________________________
Proposed Location(s) of Sale: ________________
List of Food Items to be Offered for Sale: ________________

Name of Group Officer or Representative: ________________
Phone Number: (____) _______ - _______ Email: ________________@wayne.edu
Signature of Group Representative: ________________
Signature of Health Department Representative: ________________

LICENSE IN EFFECT FOR ONE YEAR. SUBJECT TO REVOCATION UPON VIOLATION.
Office of Environmental Health and Safety
5425 Woodward Ave.
Detroit, MI 48202