



# Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

| Owner   | Commissary Information (if applicable)   |
|---|--|
| Name: _____<br>Address: _____<br>City, State: _____<br>Zip: _____ Phone #: _____<br>E-mail: _____                                       | Name: _____<br>License #: _____<br>Address: _____<br>City, State: _____<br>Zip: _____ Phone #: _____<br>E-mail: _____  |
| <b>List of support vehicles (e.g., stock truck, refrigerator truck):</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | <b>Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events)</b><br>Address: _____<br>City, State: _____<br>Zip: _____ Phone #: _____<br>E-mail: _____ |

Please list the name and phone number of primary contacts: \_\_\_\_\_

\_\_\_\_\_

For reviewing agency use only:

Fee \$: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_ Plan Review #: \_\_\_\_\_ Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

# General Information

Maximum number of meals to be served per day: \_\_\_\_\_

Minimum staff per shift: \_\_\_\_\_ Maximum staff per shift: \_\_\_\_\_

These plans are for (check one):  An existing/pre-fabricated unit  A unit that will be built upon plan approval

These plans are for (check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Enclosed STFU   | <input type="checkbox"/> Enclosed Mobile   | <input type="checkbox"/> Other (Describe: _____) |
| <input type="checkbox"/> Pushcart STFU   | <input type="checkbox"/> Mobile Pushcart   | _____  |
| <input type="checkbox"/> Truck STFU      | <input type="checkbox"/> Mobile Truck      | _____  |
| <input type="checkbox"/> Watercraft STFU | <input type="checkbox"/> Mobile Watercraft | _____  |
| <input type="checkbox"/> Tent STFU       | <input type="checkbox"/> Tent Mobile       |  |

These plans are for a unit that:

- Will return to a licensed commissary daily
- May stay at temporary locations for more than 24 hours

Please summarize the proposed STFU/Mobile operation: \_\_\_\_\_

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I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title here: \_\_\_\_\_