



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: _____

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

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: _____

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: _____