



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