

**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: Click or tap here to enter text.

Address, City, Zip: Click or tap here to enter text.

Establishment Phone: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Owner**  Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  E-mail: Click or tap here to enter text. | **Commissary Information (if applicable)**  Name: Click or tap here to enter text.  License #: Click or tap here to enter text.  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  E-mail: Click or tap here to enter text. |
| **List of support vehicles (e.g., stock truck, refrigerator truck):**  Click or tap here to enter text. | **Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events)**  Address: Click or tap here to enter text.  City, State: Click or tap here to enter text.  Zip: XXXXX Phone #: XXX-XXX-XXXX  E-mail: Click or tap here to enter text. |

**Please list the name and phone number of primary contacts:** Click or tap here to enter text.

For reviewing agency use only:

|  |  |  |
| --- | --- | --- |
| Fee: $ 00.00 | Check #: Click or tap here to enter text. | Receipt #: Click or tap here to enter text. |
| Date: MM/DD/YYYY | Plan Review #: Click or tap here to enter text. | Assigned to: Click or tap here to enter text. |
| Remarks: Click or tap here to enter text. | | |

**General Information**

Maximum number of meals to be served per day: Click or tap here to enter text.

Minimum staff per shift: Click or tap here to enter text.

Maximum staff per shift: Click or tap here to enter text.

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): | | | |
|  | Enclosed STFU | Enclosed Mobile | Other (Describe): Click or tap here to enter text. |
|  | Pushcart STFU | Mobile Pushcart |
|  | Truck STFU | Mobile Truck |
|  | Watercraft STFU | Mobile Watercraft |
|  | Tent STFU | 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:**

|  |
| --- |
| Click or tap here to enter text. |

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

|  |  |
| --- | --- |
| Signature of owner or representative: Sign Here | Date: MM/DD/YYYY |

Please print name and title here: Click or tap here to enter text.