



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: _____ FEIN # _____

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

☐ Enclosed STFU ☐ Enclosed Mobile ☐ Other (Describe: _____)

☐ 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: _____

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: _____