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: ____________________________

<table>
<thead>
<tr>
<th>Owner</th>
<th>Commissary information (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:_____________________________________</td>
<td>Name:_______________________________</td>
</tr>
<tr>
<td>Address:__________________________________</td>
<td>License #:__________________________</td>
</tr>
<tr>
<td>City, State:______________________________</td>
<td>City, State:________________________</td>
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<tr>
<td>Zip:____________________________________</td>
<td>Address:____________________________</td>
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<tr>
<td>Phone #:____________________ Fax #:________</td>
<td>Zip:____________________ Phone #:________</td>
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<tr>
<td>E-Mail:______________________________</td>
<td>E-Mail:____________________________</td>
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</tbody>
</table>

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)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please list the name and phone number of primary contact:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

For reviewing agency use only:
Fee $:________________________________ Check #:____________________________
Date:_____________ Receipt #:____________________________
Plan Review #:________ Assigned to:____________________________
Remarks:________________________________________________________________________

[www.michigan.gov/mdard](http://www.michigan.gov/mdard), keyword: Food Plan Review

June 2015
General Information

The operational season for this STFU/Mobile will be: ________________________________

These plans are for an:

___ Enclosed STFU  ___ Enclosed Mobile
___ Pushcart STFU  ___ Mobile pushcart
___ Truck STFU  ___ Mobile Truck
___ Watercraft STFU  ___ Mobile Watercraft
___ Tent STFU  ___ Tent Mobile
___ Other STFU  ___ Other Mobile

These plans are for:

___ An existing or pre-built unit  ___ A unit that will be built upon plan approval

Has this unit been licensed as an STFU or Mobile before in Michigan?

Yes ___ No ___ If yes:

Previous Name of Unit: ____________________
County it was licensed in: __________________

Have you already purchased or ordered this unit?

Yes ___ No ___

Name and Address of Company building unit:
_______________________________________
_______________________________________

These plans are for a unit that:

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

Please summarize the proposed STFU/Mobile operation, including proposed menu, expected maximum meals per day, and maximum staffing levels:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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: ________________________________