Michigan Department of Agriculture
Notification of Intent to Operate a
Special Transitory Food Unit (STFU)
Must be received four (4) days prior to event.

Name of Business: ____________________________ Phone: ______________
Business Address: ____________________________________________________

Name of Operator: ______________________________________________________
Name of STFU Unit: __________________________________ License Number: ______________
Name of Event: ________________________________________________________

Operation: Start Date: _________ End Date: __________
Hours of Operation: ______________________________________________________
Location of Operation: (Be specific)
Operation Site: ___________________________________________________________
Address: __________________________ City: ______________ County: __________________
Phone number of operator during the event: ________________________________________

Name of the Local Health Department where STFU is licensed:________________________
Or (See back for agency choices)
If MDA licensed, list the county where licensed: ____________________________ (county)
Are you requesting a paid inspection? Yes ________ No ________

Michigan's Food Law (Act 92 of 2000, as amended) states that an STFU license holder shall:
• Before serving food within the jurisdiction of a local health department, notify the local health department in writing (use the form provided above) of each location in the jurisdiction at which food will be served and the dates and hours of service. The license holder shall mail the notice by first-class mail or deliver the notice not less than 4 business days before any food is served or prepared for serving within the jurisdiction of the local health department.
• While in operation, request and receive 2 inspections per licensing year. A local health department and the MDA shall charge a fee of $90.00 for such an inspection.
• Send a copy of all inspection reports to the regulatory authority that approved the license within 30 days after receipt.

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FOR LOCAL HEALTH DEPARTMENT / MDA USE:
Date of receipt of Notification ____________________________

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