



Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Application

Meets the Michigan Food Law, Act 92 of 2000, as amended, requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

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) Name: _____ Address: _____ City, State: _____ Zip: _____ Phone #: _____ E-Mail: _____

Please complete each line of the above sections to enable timely correspondence.

Please list the name and phone number of primary contacts: _____

PAYMENT VALIDATION (OCHD USE ONLY):

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: _____