REV 5/2022

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: _____	Name: _____
Address: _____	License #: _____
City, State: _____	Address: _____
Zip: _____ Phone #: _____	City, State: _____
E-mail: _____	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
☐ Pushcart STFU
☐ Truck STFU
☐ Watercraft STFU
☐ Tent STFU
☐ Enclosed Mobile
☐ Mobile Pushcart
☐ Mobile Truck
☐ Mobile Watercraft
☐ Tent Mobile
☐ Other (Describe):

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: _____