



# 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: \_\_\_\_\_

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

