REV 1/2019



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:		Name:		
Address:		License #:		
City, State:		Address:		
Zip: Phone #:		City, State:		
- "		Zip: Phone #:		
E-mail:		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 num	nber of primary cor	ntacts:		
For reviewing agency use only				
For reviewing agency use only:	Na ale #e	Descipt #		
	Check #:			
	Plan Review #:	Assigned to:		
Remarks:				

General Information

Maximum number of meals to be so	erved per day:		
Minimum staff per shift:		Maximum staff pe	er shift:
These plans are for (check one):	☐ An existing/pre-fa	bricated unit	☐ A unit that will be built upon plan approval
These plans are for (check one):			
☐ Enclose	ed STFU	☐ Enclosed Mobile	☐ Other (Describe:
□ Pushca	rt STFU	☐ Mobile Pushcart	
☐ Truck S	TFU	☐ Mobile Truck	
☐ Waterci	raft STFU	☐ Mobile Watercraft	
☐ Tent ST	FU	☐ Tent Mobile	
These plans are for a unit that:			
\square Will return to a licensed	commissary daily		
☐ May stay at temporary lo	ocations for more tha	n 24 hours	
Please summarize the proposed S	TFU/Mobile operation	:	
I certify that the plan review applica	ition package submitt	ed is accurate to the b	est of my knowledge.
Signature of owner or representative	/e:		Date:
Please print name and title here:			