



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

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

Please list the name and phone number of primary contacts: \_\_\_\_\_

\_\_\_\_\_

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For reviewing agency use only:

Fee \$: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_ Plan Review #: \_\_\_\_\_ Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

