



# 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 # _____ Fax # _____ E-Mail : _____	Name: _____ License #: _____ City, State: _____ Address:: _____ 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 contact:**

\_\_\_\_\_

For reviewing agency use only:

Fee \$: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Plan Review #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

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

[www.michigan.gov/mdard](http://www.michigan.gov/mdard), keyword: Food Plan Review

