



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: _____
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: _____

