



**St. Clair County Health Department**

Environmental Health Division

3415 – 28<sup>th</sup> Street

Port Huron MI 48060

Phone: (810) 987-5306 Fax: (810) 985-5533

**Notification of Intent to Operate a  
Special Transitory Food Unit (STFU)  
Must be received four (4) days prior to event**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Name of STFU Unit: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

**Event Information: (Please Complete)**

Name of Event: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Operation Site: \_\_\_\_\_

Address: \_\_\_\_\_ City / County: \_\_\_\_\_

Phone number of operator during the event: \_\_\_\_\_

Name of the Local Health Department or MDA  
Regional Office where the STFU is Licensed: \_\_\_\_\_

(See Agency list for choices)

Are you requesting a paid inspection?  Yes  No

**Michigan’s Food Law states that a STFU License Holder shall:**

- Before serving food within the jurisdiction of a Local Health Department, notify the Local Health Department in writing (use the form provided above) of each location in the jurisdiction at which food will be served and the dates and hours of service. The license holder shall mail the notice by first class mail or deliver the notice not less than four business days before any food is served or prepared for serving within the jurisdiction of the Local Health Department.
- While in operation, request and receive 2 inspections per licensing year. A Local Health Department and the department shall charge a fee of \$90.00 for such an inspection.
- Send a copy of all inspection reports to the regulatory authority that approved the license within 30 days after receipt.

**FOR LOCAL HEALTH DEPARTMENT / MDA REGIONAL OFFICE USE:**

Date Notification Received: \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Visa  MasterCard  Discover