STFU PLAN REVIEW APPLICATION

The St. Clair County Health Department welcomes you to the Plan Review process.

The fee schedule is as follows:

Partial Plan Review..... $165.00

Full Plan Review... $330.00

The Plan Review packet is comprised of the following parts:

1. The Plan Submittal Instructions
2. The Food Establishment Plan Review Process
3. The Food Establishment Plan Review Application
4. The Food Establishment Plan Review Worksheet

The Plan Submittal Instruction Sheet lists the items required to complete the Plan Review Application. Upon receipt of the required items, the application will be reviewed in a timely manner. The following correspondence may be sent: requests for more information, and disapproval letters. Once the Plan Review is completed, an approval letter will be sent. For more information or questions, contact the St. Clair County Health Department at (810) 987-5306.
Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: ________________________________
Address, City, Zip: __________________________________
Establishment Phone: ________________________________

<table>
<thead>
<tr>
<th>Owner</th>
<th>Commissary information (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ________________________________</td>
<td>Name: ________________________________</td>
</tr>
<tr>
<td>Address: _____________________________</td>
<td>License #: ____________________________</td>
</tr>
<tr>
<td>City, State: _________________________</td>
<td>City, State: _________________________</td>
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<tr>
<td>Zip: _______________________________</td>
<td>Address: _____________________________</td>
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<tr>
<td>Phone # __________________ Fax # __________________</td>
<td>Zip: __________________ Phone # __________</td>
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<tr>
<td>E-Mail: ____________________________</td>
<td>E-Mail: ____________________________</td>
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</tbody>
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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)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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, keyword: Food Plan Review
General Information

The operational season for this STFU/Mobile will be: ________________________________

These plans are for:

___ Enclosed STFU  ___ Pushcart STFU  ___ Truck STFU
___ Watercraft STFU  ___ Tent STFU  ___ Other STFU

___ Enclosed Mobile  ___ Mobile pushcart  ___ Mobile Truck
___ Mobile Watercraft  ___ Tent Mobile  ___ Other Mobile

These plans are for:

___ An existing or pre-built unit  ___ A unit that will be built upon plan approval

Has this unit been licensed as an STFU or Mobile before in Michigan?

Yes ___ No ___  If yes:

Previous Name of Unit: ____________________

County it was licensed in: ____________________

If you have already purchased or ordered this unit?

Yes ___ No ___

Name and Address of Company building unit:

____________________________________

These plans are for a unit that:

___ Will return to a licensed commissary on a daily basis
___ May stay at temporary locations for more than 24 hours

Please summarize the proposed STFU/Mobile operation, including proposed menu, expected maximum meals per day, and maximum staffing levels:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: ___________________________  Date _________

Please print name and title here: ____________________________