Michigan Department of Agriculture & Rural Development (MDARD)
Notification of Intent to Operate a Special Transitory Food Unit (STFU)
Must be received four (4) days prior to event.

Name of STFU Unit: ____________________________ License Number: ____________
Name of Operator: ____________________________ Cell Number: ________________
Business Address: ____________________________

_______________________________ _____ OK to Text?: Yes_____No______
Email Address: ____________________________

Name of Event: ____________________________
Operation: Start Date: __________ End Date: __________
Hours of Operation: ____________________________

Location of Operation: (Be specific)
Operation Site: ____________________________
Address: __________________________ City: __________ County: ________________

Name of the Local Health Department (LHD) where STFU is licensed:____________
Or (See back for agency choices)
If MDARD licensed, list the county where licensed: ____________________________ (county)
Are you requesting a paid evaluation? Yes ________ No ________

Michigan's Food Law (Act 92 of 2000, as amended) states that an STFU license holder shall:
• While in operation, request and receive 2 evaluations per licensing year spaced generally over the span of the operating season. These must be done while the STFU is operating at an event. Do not wait until the end of the year to get these done! When possible, schedule at least one with the LHD that processes your license.
• A LHD and the MDARD shall charge a fee of $90.00 for such an evaluation.
• Send a copy of all evaluation reports to the LHD that processes your license within 30 days after receipt.
• Before serving food within the jurisdiction of a LHD, notify the LHD in writing 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, fax, email, or hand-deliver the notice not less than 4 business days before any food is served or prepared for serving within the jurisdiction of the LHD. Contact information for LHD’s is on the back of this form.

FOR LHD / MDARD USE:
Date of receipt of Notification ____________________________

REVISED: 06-16-2021