

Special Transitory Food Unit (STFU) License Application

**Charter Township of Delta
7710 W. Saginaw Hwy., Lansing, Mi. 48917
Planning Division, Phone 517-323-8560**

APPLICANT INFORMATION:

NAME: _____
(Last) (First) (Middle)

DRIVER'S LICENSE NO. OR STATE ID CARD: _____
(Applicant must submit a legible photocopy of their driver's license or State ID card)

BUSINESS PHONE: _____ CELL PHONE: _____

E-MAIL: _____

STFU OPERATOR'S INFORMATION (If different from the applicant)

NAME: _____
(Last) (First) (Middle)

DRIVER'S LICENSE NO. Or STATE ID CARD: _____
(Operator must submit a legible photocopy of their driver's license or State ID card)

BUSINESS PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYEE INFORMATION (If different from the applicant & operator)

Please attach a separate sheet listing the name, address, phone numbers, copy of driver's license or State ID card, and e-mail address for each employee at the STFU.

INFORMATION PERTAINING TO THE OPERATION OF THE STFU

Name of the STFU Business: _____

Michigan Department of Agriculture & Rural Development (MDARD) License Number: _____

Will foods be prepared on site? _____
(Yes) (No)

Proposed dates & hours of operation: _____

Location of proposed activity: _____
(Address) (Street)

Description of STFU: _____ Trailer _____ Food Cart _____ Tent
_____ Motor Vehicle _____
(Make) (Model) (Year)

Please indicate which of the following is installed in the STFU:

Fryer _____ Griddle _____ Grill _____ Broiler _____

How will disposing of grey water/untreated water waste/grease be handled?

Will cooking fuel be used? Is so, what type? _____

How much cooking fuel will be stored in the STFU? _____

Provide the current hydrostatic testing dates on all cylinders: _____

Is there an exhaust hood on the STFU? _____ If so, provide the code/standard/year/last certification and cleaning of the hood (must be within the past year) _____
(Note: Any cooking using heat will require an exhaust hood)

Is there a fire suppression system in the STFU? _____ If so, provide the code/standard/year/last certification of the hood (must be within the past year)
(Note: This information is required for a Type 1 hood because cooking produces grease laden vapors)

If a Type 1 hood, is there a Type K Cooking Fire Extinguisher? _____

Is there a minimum of 1 multi-purposed, ABC 4A-60BC sized fire extinguisher? _____

Will a generator be operated in conjunction with the STFU? _____

PROPERTY OWNER OR AGENT'S INFORMATION & PERMISSION

PROPERTY OWNER OR AGENT'S NAME: _____

CELL PHONE NO: _____ E-MAIL: _____

I hereby grant permission for a Special Transitory Food Unit to be operated on the property that I own or represent at _____.

Property Owner or Agent's Name (printed)

Property Owner or Agent's Signature

APPLICANT CERTIFICATION:

I certify that as an applicant for an STFU License, that the statements and information provided on this application are true, complete and correct, to the best of my knowledge and belief. I further acknowledge that I, as operator of the STFU, and my employees will be held responsible for any violations of the Delta Township Special Transitory Food Units Ordinance which may result in revocation of the STFU license.

Applicant's Name (printed)

Applicant's Signature

(Date)

This is not a license and does not authorize any operation of a special transitory food unit with this application until a license has been issued by the zoning administrator. Prior to issuance of a license, fire and electrical inspections must be completed and approved.



OFFICIAL USE ONLY

Filing Date: _____ MI. Sales Tax License No.: _____
Received By: _____ MDARD License No.: _____
Fee Paid: _____
(Receipt No.)

Copy of Driver's License of State ID Card Received for Applicant, Operator, and all Employees) _____

STFU Application Status: _____ Approved _____ Denied

Date of Zoning Administrator's decision: _____

STFU License No. _____
)