

**Ionia County Health Department**  
175 East Adams Street  
Ionia, Michigan 48846  
616-527-5341/Fax 616-527-8202



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

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_

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

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

Name of STFU Unit \_\_\_\_\_ License \_\_\_\_\_  
Number \_\_\_\_\_

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

Operation Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

Location of Operation (**Be specific**)

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 \_\_\_\_\_

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 4 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.

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**LOCAL HEALTH DEPARTMENT USE ONLY**

**Date Paid** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_ **Receipt #** \_\_\_\_\_