

Dally In the Alley

Saturday, September 7th, 2019

Sponsored by:

North Cass Community Union

4632 Second Ave.

Detroit, MI 48201

STFU Vendor Application

Name of Business: _____

Proprietor/Contact Person(s): _____

Street Address: _____

City, Zip: _____

Telephone: _____

E-mail: _____

Detroit Restaurant License/STFU License: _____

Cost of Space \$500

* Includes permits, city fees, booth space, and electricity

Applications to be completed in full by **August 2nd**

Payment must be submitted by **August 16th.**

Please make checks payable to "North Cass Community Union"

Dally Contact Information:

Janelle: 989-430-8384

**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: _____
Number: _____

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: _____

(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 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.

FOR LOCAL HEALTH DEPARTMENT / MDA REGIONAL OFFICE USE:

Date of receipt of Notification _____

Consumer Affairs
Business License Center
105 Coleman A. Young Municipal Center
(313) 224-3179

SPECIAL EVENT VENDOR APPLICATION

Vendor Name: FIRST _____ MI _____ LAST _____

Corp. Name: _____

D.B.A. _____

Business Address : _____ City _____ State _____ Zip _____

Business Telephone # (____) _____ Fax (____) _____

Email Address: _____

Drivers License or State Identification # _____

Date of Birth _____

War Veteran: Fee Waived (Sec. 41-2-22.5 (b))

YES _____ (must include copy of DD214 Honorable Discharge – NO _____

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Event Name: _____

Event Sponsor: _____

Event Date (s): _____ # Of Days _____ Alternate Date (s) : _____

Type of Vendor: Merchandise Yes _____ No _____ Product (s) _____

Food Yes _____ No _____ Product (s) _____

OFFICE USE ONLY *****

Fee Exempt Yes _____ No _____

Date Fee Pd. _____ / Initials _____

SPECIAL EVENT TO DO LIST

- **FILL OUT EVENT MANAGEMENT TEAM APPLICATION**

- **HAVE ALL VENDORS FILL OUT SPECIAL EVENT VENDOR APPLICATIONS**

- **TURN IN MGT. TEAM APPLICATION, VENDOR APPLICATION, AND MASTER VENDOR LISTS AT LEAST (2) WEEKS PRIOR TO EVENT**

- **TURN IN A MASTER LIST OF ALL VENDORS. INDICATE MERCHANDISE OR FOOD, INDICATE TOTAL NUMBER OF BOOTHS FOR EACH VENDOR**

- **PASS OUT LICENSES TO VENDORS BEFORE MANAGEMENT TEAM AND CONSUMER AFFAIRS REPRESENTATIVE WALK THRU**

- **MAKE SURE ALL VENDORS DISPLAY SPECIAL EVENT LICENSES IN A CONSPICUOUS PLACE**

- **SCHEDULE WALK THRU WITH EVENT MANAGEMENT REPRESENTATIVE AND CONSUMER AFFAIRS REPRESENTATIVE ON:**

DAY _____ DATE _____ @ _____ p.m.

- **REMEMBER: ANY VENDOR NOT ON MASTER LIST WILL BE CHARGED: \$115.00 + \$35.00 (LATE FEE) = \$115.00 TO BE PAID BY EVENT MGT. AT THE CONCLUSION OF THE WALK THRU.**