

# APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

(Please type or print in ink)

NAME OF ORGANIZATION, ESTABLISHMENT or EVENT			LOCATION OF EVENT		
CONTACT PERSON			CONTACT PERSON PHONE NO.		
DAY	DATE	TIME OF EVENT	DAY	DATE	TIME OF EVENT
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		
NAME OF APPROVED KITCHEN (COMMISSARY)		STREET ADDRESS OF KITCHEN		KITCHEN PHONE NO.	PERMIT NO.
KITCHEN USE AUTHORIZED BY: (OR ATTACH LETTER OF AUTHORIZATION)					
PRINT NAME OF KITCHEN OWNER		SIGNATURE		TITLE	

LIST FOOD ITEMS. NO HOME PREPARED FOOD.	REMINDER: KEEP HOT FOOD ABOVE 140°F. KEEP COLD FOOD BELOW 45°F.

(Continue on Back if Needed)

## ATTACH: SITE PLAN – INCLUDE HAND WASHING FACILITIES, BOOTH LAYOUT

The Sanitation Branch, Department of Health reserves the right to deny your Temporary Food Establishment Permit or revoke the permit for failure to comply with the sanitary requirements of Hawaii Administrative Rules Title 11, Department of Health, Chapter 12, Food Establishment Sanitation. The permit applicant may be required to submit a complete menu and schematic plan of the proposed operation.

**THIS PERMIT IS ONLY VALID FOR TWENTY (20) DAYS IN ANY 120 DAY PERIOD**

APPLICATION DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

FEE \$25.00 NON REFUNDABLE Make checks payable to: **STATE OF HAWAII** SUBMIT APPLICATION TEN WORKING DAYS PRIOR TO EVENT

Provide on the check the social security number for sole proprietorship or the federal employee identification number for other business, partnership, or corporation.

Submit application and fee to:

**MAUI DISTRICT HEALTH OFFICE  
 54 HIGH STREET ROOM 300  
 WAILUKU, HI 96793**

THERE WILL BE A SERVICE FEE OF \$15.00 PLUS INTEREST FOR ANY CHECK DISHONORED BY THE BANK.

APPROVED:

DATE \_\_\_\_\_ SIGNATURE OF AGENT DEPARTMENT OF HEALTH \_\_\_\_\_

### SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

SANDISTRICT	CHECKED (SUP INITIALS)	CATEGORY 4	FEE \$25.00
DATE PAID	METHOD OF PAYMENT	RECEIPT NO.	REC'D BY