

**APPLICATION FOR FOOD ESTABLISHMENT PERMIT**

(Please type or print in blue or black ink)

<b>ESTABLISHMENT NAME (dba)</b>	
<b>ESTABLISHMENT LOCATION ADDRESS (mobile units – use support kitchen address)</b>	
STREET: _____	
CITY: _____	ZIP CODE: _____
<b>BUSINESS OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)</b>	
<b>EST. PHONE #:</b> _____	<b>OTHER PHONE #:</b> _____
<b>E-MAIL ADDRESS (Optional)</b>	
<b>MAILING ADDRESS (If different from establishment location address)</b>	
ATTN: _____	
STREET: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
<p>I UNDERSTAND THAT THE ISSUANCE OF THE FOOD ESTABLISHMENT PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 50, "FOOD SAFETY CODE," AND AFTER ISSUANCE, THE PERMIT MAY BE SUSPENDED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER.</p>	
_____ DATE	_____ SIGNATURE OF OWNER/AGENT OF AUTHORITY
_____ PHONE # OF OWNER/AGENT OF AUTHORITY	_____ PRINT NAME
	_____ TITLE
<p><b>APPLICATION FEES ARE NON-REFUNDABLE.</b> THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK.</p> <p><b>Acceptable forms of payment:</b> Cash or Check (personal/business check, money order, cashier's check)</p> <p><b>Check Payable to:</b> STATE OF HAWAII</p> <p><b>Submit application and fee to:</b> <b>FOOD SAFETY BRANCH</b>  <b>99-945 HALAWA VALLEY STREET</b>  <b>AIEA, HI 96701</b></p>	

**SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY**

FLOOR AREA (IN SQ. FT.): _____	SUPPORT KITCHEN USE AGREEMENT? (circle) YES NO	INSPECTOR ASSIGNED: _____		
CIRCLE APPLICABLE OPERATIONS:				
1) RECEIVING	3) HOT STORAGE	5) TRANSPORTATION		
2) COLD STORAGE	4) THERMAL PROCESSING	6) COOLING		
		7) REHEATING		
		8) DISPLAY		
FEE AMOUNT: _____	ESTABLISHMENT TYPE: _____	RISK CATEGORY: _____		
Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By
APPROVED BY:				
_____ Date		_____ Signature of Agent/Dept. of Health		
<b>PERMIT NO.:</b>			<b>EXPIRATION DATE:</b>	
CHECKED: SUPERVISOR: _____	CLERICAL INPUT: (PRE-OP) _____	(ACTIVATED) _____		

PERMIT FEES SCHEDULE

FOOD ESTABLISHMENT TYPE	s.f. <sup>1</sup> (size)	RISK CATEGORY	PERMIT FEE
Catering	-	1	\$400
Catering	-	2	\$300
Catering	-	3	\$200
Food Manufacturer - small	≤1,000	1	\$300
Food Manufacturer - small	≤1,000	2	\$200
Food Manufacturer - small	≤1,000	3	\$100
Food Manufacturer - large	>1,000	1	\$400
Food Manufacturer - large	>1,000	2	\$300
Food Manufacturer - large	>1,000	3	\$200
Food Warehouse - small	≤1,000	-	\$100
Food Warehouse - large	>1,000	-	\$300
Hotel Main Kitchen/Banquet/Convention	-	1	\$600
Hotel Main Kitchen/Banquet/Convention	-	2	\$500
High Risk Institutional Kitchens	-	1	\$400
Institutional Kitchens	-	1	\$400
Institutional Kitchens	-	2	\$300
Institutional Kitchens	-	3	\$100
Market - small	≤1,000	1	\$300
Market - small	≤1,000	2	\$200
Market - small	≤1,000	3	\$100
Market - large	>1,000	1	\$400
Market - large	>1,000	2	\$300
Market - large	>1,000	3	\$200
Mobile Establishment	-	1	\$300
Mobile Establishment	-	2	\$200
Mobile Establishment	-	3	\$100
Support Kitchen	-	1	\$300
Support Kitchen	-	2	\$200
Support Kitchen	-	3	\$100
Restaurant - small	≤1,000	1	\$300
Restaurant - small	≤1,000	2	\$200
Restaurant - small	≤1,000	3	\$100
Restaurant - large	>1,000	1	\$400
Restaurant - large	>1,000	2	\$300
Restaurant - large	>1,000	3	\$200
Service Area - limited food prep	-	-	\$100
Service Area - no food prep	-	-	\$50
Any Food Establishment used only to prepare or serve food to the homeless without compensation, consideration, or donation by the person or persons being served	-	1	\$0
Any Food Establishment used only to prepare or serve food to the homeless without compensation, consideration, or donation by the person or persons being served	-	2	\$0
Any Food Establishment used only to prepare or serve food to the homeless without compensation, consideration, or donation by the person or persons being served	-	3	\$0