

APPLICATION FOR FOOD ESTABLISHMENT PERMIT
 (Please type or print in blue or black ink)

(OFFICIAL USE ONLY)
PERMIT NO.

EXPIRATION DATE

ESTABLISHMENT NAME (dba)

ESTABLISHMENT LOCATION ADDRESS

STREET: _____

CITY: _____

ZIP CODE: _____

TAX MAP KEY

ZONE

SECTION

PLAT

PARCEL

OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)

EST. PHONE #

OTHER PHONE #

MAILING ADDRESS (If different from establishment location address)

ATTN OR C/O: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

E-MAIL ADDRESS (Optional)

I UNDERSTAND THAT THE ISSUANCE OF THE FOOD ESTABLISHMENT PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 12, "FOOD ESTABLISHMENT SANITATION," AND AFTER ISSUANCE, THE PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER.

 DATE

 SIGNATURE OF OWNER/AGENT

 PHONE # OF OWNER/AGENT

 PRINT NAME

 TITLE

(OFFICIAL USE ONLY) FEE AMOUNT: _____
(Non-Refundable)

Make check payable to: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)

Submit application and fee to: SANITATION BRANCH
79-1015 HAUKAPILA STREET
KEALAKEKUA, HI 96750

THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK.

SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY

Sandistrict	Est Type	Last Regular Inspection Date	Inactive Date: _____	By: _____	SU _____
			Reason: _____		
CIRCLE ONE: New Renewal Transfer of Ownership Est. Name Change Operations Change Mobile Food Est. Commissary Change					
CIRCLE APPLICABLE OPERATIONS:					
1) RECEIVING	3) HOT STORAGE	5) TRANSPORTATION	7) REHEATING		
2) COLD STORAGE	4) THERMAL PROCESSING	6) COOLING	8) DISPLAY		
Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By	
APPROVED BY:					
_____ Date		_____ Signature of Agent/Dept. of Health			
DATE PERMIT MAILED: _____			CHECKED: SU _____	DI _____	