

**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 completed application and fee to: MAUI DISTRICT ENVIRONMENTAL HEALTH OFFICE**  
**54 HIGH STREET, RM. 300**  
**WAILUKU, HI 96793**

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

\_\_\_\_\_  
 R.S. Lic. No.

DATE PERMIT MAILED: \_\_\_\_\_

CHECKED:    SU \_\_\_\_\_    DI \_\_\_\_\_