

## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

(Please type or print in black or blue ink)

(A) NAME OF ORGANIZATION OR ESTABLISHMENT			(B) LOCATION OR ADDRESS OF EVENT (ONLY ONE)		
(C) CONTACT PERSON			(D) CONTACT PERSON PHONE #	FAX PHONE #	
DAY	(E) DATE OF EVENT	(F) TIME OF EVENT	DAY	(E) DATE OF EVENT	(F) TIME OF EVENT
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		
(G) NAME OF APPROVED KITCHEN (COMMISSARY)			(H) STREET ADDRESS OF KITCHEN		(I) PERMIT NO.
KITCHEN USE AUTHORIZED BY: (J) (OR ATTACH LETTER OF AUTHORIZATION)					
(K) SIGNATURE OF AUTHORIZED PERSON			(L) KITCHEN PHONE NUMBER		
(M) PRINT NAME OF AUTHORIZED PERSON			(N) TITLE		



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

(CONTINUE FOOD ITEMS ON A SEPARATE PAPER IF NEEDED)

**(P) 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) DATES IN ANY 120 DAY PERIOD**



(Q) DATE	(R) SIGNATURE OF APPLICANT
(S) TITLE	(T) PRINT NAME OF APPLICANT

**FEE \$25.00 NON REFUNDABLE SUBMIT APPLICATION AND FEE TEN WORKING DAYS PRIOR TO EVENT**

MAKE CHECKS PAYABLE TO: **STATE OF HAWAII** (BANK ACCOUNT NAME AND ADDRESS MUST BE ON THE CHECK)

SUBMIT APPLICATION AND FEE TO: **SANITATION BRANCH  
 79-1015 HAUKAPILA ST.  
 KEALAKEKUA, HI 96750**

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

**APPROVED:**

DATE	SIGNATURE OF AGENT/DEPARTMENT OF HEALTH	seal of approval (Permit invalid without seal)
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**SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY**

FEE	DATE PAID	METHOD OF PAYMENT	RECEIPT NO.	RECEIVED BY
\$25.00				

## 2014 Big Island Chocolate Festival Chef Participation Booth Map

Please use this as a basis of your booth space and tell us where you plan to serve and prepare your dessert or savory item. This will be turned into the Health Dept.

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