

HFB - Cold Storage

SANITATION BRANCH
99-945 HALAWA VALLEY STREET
AIEA, HAWAII 96701
TELEPHONE NUMBER: (808) 586-8000 FAX: (808) 586-8040
www.health.hawaii.gov

STATE OF HAWAII
DEPARTMENT OF HEALTH

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

(Please type or print in blue or black ink)

ESTABLISHMENT NAME (dba)			
ESTABLISHMENT LOCATION ADDRESS			
STREET: _____			
CITY: _____		ZIP CODE: _____	
OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)			
EST. PHONE #: _____		OTHER PHONE #: _____	
MAILING ADDRESS (If different from establishment location address)			
ATTN: _____			
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 50, "FOOD SAFETY CODE," 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 OF AUTHORITY	
_____ PHONE # OF OWNER/AGENT OF AUTHORITY		_____ PRINT NAME	_____ TITLE
(OFFICIAL USE ONLY) FEE AMOUNT: _____ ESTABLISHMENT TYPE NUMBER: _____ RISK CATEGORY: _____ (Non-Refundable)			
Payable to: STATE OF HAWAII			
Submit application and fee to: SANITATION BRANCH 99-945 HALAWA VALLEY STREET AIEA, HI 96701			
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

FLOOR AREA (IN SQ. FT.): _____		TAX MAP KEY: _____	ZONE: _____	SECTION: _____	PLAT: _____	PARCEL: _____
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			_____ San district	
PERMIT NO.: _____				EXPIRATION DATE: _____		
CHECKED: SU _____	CLERICAL INPUT: (PRE-OP/ CLOSE) _____	(OP/ OPEN) _____	SCANNED: _____			

PERMIT FEES SCHEDULE

FOOD ESTABLISHMENT TYPE	s.f. ¹ (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