

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. <table style="width: 100%;"><tr><td style="width: 40%; border-top: 1px solid black; height: 30px; vertical-align: bottom;">DATE</td><td style="width: 60%; border-top: 1px solid black; height: 30px; vertical-align: bottom;">SIGNATURE OF OWNER/AGENT OF AUTHORITY</td></tr><tr><td style="border-top: 1px solid black; height: 30px; vertical-align: bottom;">PHONE # OF OWNER/AGENT OF AUTHORITY</td><td style="border-top: 1px solid black; height: 30px; vertical-align: bottom;"><table style="width: 100%;"><tr><td style="width: 50%;">PRINT NAME</td><td style="width: 50%;">TITLE</td></tr></table></td></tr></table>			DATE	SIGNATURE OF OWNER/AGENT OF AUTHORITY	PHONE # OF OWNER/AGENT OF AUTHORITY	<table style="width: 100%;"><tr><td style="width: 50%;">PRINT NAME</td><td style="width: 50%;">TITLE</td></tr></table>	PRINT NAME	TITLE
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(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: <table style="width: 100%;"><tr><td style="width: 25%;">1) RECEIVING</td><td style="width: 25%;">3) HOT STORAGE</td><td style="width: 25%;">5) TRANSPORTATION</td><td style="width: 25%;">7) REHEATING</td></tr><tr><td>2) COLD STORAGE</td><td>4) THERMAL PROCESSING</td><td>6) COOLING</td><td>8) DISPLAY</td></tr></table>						1) RECEIVING	3) HOT STORAGE	5) TRANSPORTATION	7) REHEATING	2) COLD STORAGE	4) THERMAL PROCESSING	6) COOLING	8) DISPLAY
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Fee Paid	Date Paid	Method of Payment		Receipt No.	Received By								
APPROVED BY: <table style="width: 100%;"><tr><td style="width: 30%; border-top: 1px solid black; height: 30px; vertical-align: bottom;">Date</td><td style="width: 40%; border-top: 1px solid black; height: 30px; vertical-align: bottom;">Signature of Agent/Dept. of Health</td><td style="width: 30%; border-top: 1px solid black; height: 30px; vertical-align: bottom;">San district</td></tr></table>						Date	Signature of Agent/Dept. of Health	San district					
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PERMIT NO.:			EXPIRATION DATE:										
<table style="width: 100%;"><tr><td style="width: 25%;">CHECKED: SU _____</td><td style="width: 25%;">CLERICAL INPUT: (PRE-OP/ CLOSE) _____</td><td style="width: 25%;">(OP/ OPEN) _____</td><td style="width: 25%;">SCANNED: _____</td></tr></table>						CHECKED: SU _____	CLERICAL INPUT: (PRE-OP/ CLOSE) _____	(OP/ OPEN) _____	SCANNED: _____				
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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