

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

(Please type or print in black or blue ink)  
 SEE BACK FOR INSTRUCTIONS AND FEES

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

<b>(N) LIST FOOD ITEMS. REMINDER: KEEP HOT FOOD ABOVE 135° F. KEEP COLD FOOD BELOW 41 °F. WORKERS MUST PRACTICE REGULAR HANDWASHING, MUST NOT BE ILL, NO BARE HAND CONTACT WITH READY TO EAT FOODS.</b>		

(CONTINUE FOOD ITEMS ON A SEPARATE PAPER IF NEEDED)

**(O) 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 50, Food Safety Code. The permit applicant may be required to submit a complete menu and schematic plan of the proposed operation.

**THIS PERMIT IS NOT TO EXCEED TWENTY (20) DATES IN ANY 120 DAY PERIOD**

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

**FEE NON REFUNDABLE**

Payable to: STATE OF HAWAII

**SUBMIT APPLICATION AND FEE TEN WORKING DAYS PRIOR TO EVENT TO:**

**SANITATION BRANCH  
 99-945 HALAWA VALLEY ST.  
 AIEA, HI 96701**

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

**APPROVED:**

_____	_____	seal of approval (Permit invalid without seal)
DATE	SIGNATURE OF AGENT/DEPARTMENT OF HEALTH	

**SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY**

FEE AMOUNT	DATE PAID	METHOD OF PAYMENT	RECEIPT NO.	RECEIVED BY

**INSTRUCTIONS FOR  
TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATIONS**

- *All establishments, organizations, or individuals distributing or selling food to the public for a limited period of time (not exceeding 20 dates within a 120 day period) are required to submit a Temporary Food Establishment Permit Application to the Department of Health, Sanitation Branch. **Applications will not be processed if the form is incomplete.***
  - *Applications and the appropriate fee should be submitted at least ten (10) working days prior to event.*
  - *All exemptions will be decided by the Department of Health/Sanitation Branch.*
  - ***Permits may be picked-up OR faxed OR mailed to you (include a self-addressed, stamped envelope with the application) .***
  - *All permits must have a seal of approval.*
- A. NAME OF EVENT: Name of event participating in.
- B. NAME OF ORGANIZATION OR ESTABLISHMENT: Name of organization or establishment administering the food operation. Each permit applies to **one (1) organization or establishment only**.
- C. LOCATION OR ADDRESS OF EVENT: Site of food distribution is being held. Each permit applies to **one (1) location**.
- D. CONTACT PERSON: Name of person(s) responsible for questions and pick up of application.
- E. CONTACT PHONE, FAX NUMBER, OR EMAIL: Phone number of person(s) responsible for questions and pick up of permit or if provided, permit will be faxed or emailed.
- F. DATE OF EVENT: One date per line (Maximum of 20 dates within a 120 day period, starting from the date of the first event).
- G. TIME OF EVENT: Start to end time of event.
- H. NAME OF APPROVED FOOD ESTABLISHMENT: Name of approved food establishment where food preparation, food storage, etc. will be done.  
**The proposed approved food establishment must still be approved by the Department of Health for the temporary food event.**
- I. STREET ADDRESS: Street address of approved food establishment where food preparation, food storage, etc. will be done.
- J. PHONE NUMBER: Phone number of approved food establishment.
- K. PERMIT NO.\*: Permit number of the approved food establishment where food preparation, food storage, etc. will be done.  
\*Permit number issued by the State Department of Health/Sanitation Branch
- L. SIGNATURE OF AUTHORIZED PERSON: Signature of person giving permission to use the approved food establishment.
- M. PRINT NAME OF AUTHORIZED PERSON: Print name of "(L) Signature of Authorized Person".
- N. LIST OF FOOD ITEMS: All food items being sold or distributed at event (also include the number of pieces of chicken to be sold).
- O. SITE PLAN, BOOTH LAYOUT: On a separate paper draw a site plan and indicate the booth where food will be distributed including warmers, burners, cookers, handwashing facilities, etc.
- P. DATE: Date submitting application.
- Q. SIGNATURE OF APPLICANT: (Applicant and contact person need not be the same person.)
- R. TITLE: Title of "(R) Signature of Applicant."
- S. PRINT NAME OF APPLICANT: Print name of "(Q) Signature of applicant".

FOOD ESTABLISHMENT TYPE	FEE
44. 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	\$0
45. Temporary Food Establishment: 1-5 days	\$50
46. Temporary Food Establishment: 6-10 days	\$75
47. Temporary Food Establishment: 11-20 days	\$100
48. Temporary Food Establishment: Value added farm products	\$25
49. Temporary Food Establishment (applicants such as youth groups, schools, hospitals, religious groups, community service organizations, athletic groups, and other charitable or benevolent organizations)	\$0