



County of Maui Department of Parks and Recreation (DPR)

# PERMIT APPLICATION

<p><b>Office Use Only</b></p> <p>Active Net Reservation # _____</p>
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## LANA'I COMMUNITY KITCHEN APPLICATION

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ General Excise Tax No. \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street) City Zip Code

Business Address: \_\_\_\_\_  
(If different from Above) City Zip Code

1. Type of Business (Please check one):

- Specialty Food Producer   
 Caterer   
 Vendor   
 Other, Specify: \_\_\_\_\_

2. Briefly describe your business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Briefly describe the food product(s) you plan to prepare in the community kitchen:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List ingredients that you will use to prepare your food product(s). Attach additional sheet if necessary.

- |          |          |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

5. Days & hours you wish to use the community kitchen. Please check all that apply.

Date: \_\_\_\_\_

- |                                    |                                  |   |   |
|------------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> All day | <input type="checkbox"/> 8:00 am to 1:00 pm | <input type="checkbox"/> 3:00 pm to 7:00 pm |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> All day | <input type="checkbox"/> 8:00 am to 1:00 pm | <input type="checkbox"/> 3:00 pm to 7:00 pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> All day | <input type="checkbox"/> 8:00 am to 1:00 pm | <input type="checkbox"/> 3:00 pm to 7:00 pm |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> All day | <input type="checkbox"/> 8:00 am to 1:00 pm | <input type="checkbox"/> 3:00 pm to 7:00 pm |

6. List all individual(s) authorized to enter the community kitchen (must not exceed posted capacity) **Note: No one under the age of 16 is allowed in the kitchen at any time. All kitchen users must have verification of TB clearance.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have a current Food and Safety Certificate?  Yes  No

8. List all individual(s) who have a current Food and Safety Certificate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional notes regarding your proposed activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*Additional information may be required. Please refer to page three (3) for the list of all attachments that must be included with the submission of this completed Community Kitchen Permit Application.**

By signing below, I acknowledge that I have fully disclosed all the details of my proposed use of the community kitchen. I understand that any changes to what I have represented to the County of Maui Department of Parks and Recreation (DPR) will require the completion of a new Permit Application. I also understand that DPR must determine whether the community kitchen can accommodate my request and that submission of this application and required attachments does not guarantee approval of my request. In addition, I acknowledge that I have read and accept all the terms and conditions set forth in this Permit Application and all applicable sections of the Maui County Code.

\_\_\_\_\_  
(Applicant Name)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

### LIST OF REQUIRED ATTACHMENTS

*(Applications must have all required attachments to be accepted as complete for review.)*

**Rules, Regulations, and Indemnification Form**

- \*Initialed, signed and notarized OR
- \*Initialed and signed in front of DPR Staff

**Return to Facility Use Guidelines**

- \*Signed

**Certificate of Insurance - minimum \$1,000,000 general liability coverage**

In the remarks section, must list the following information:

- a. List as additionally insured: County of Maui, 200 High Street, Wailuku, HI 96793
- b. Name of facility/facilities to be permitted for use
- c. Date(s) of use (include set up and clean up dates)
- d. Purpose of use (as listed on the Application Request)

**Authorized Agent(s) Letter (For organizations)**

- \* Must be signed by an officer of the organization and notarized
- \* Clearly state whether the agent(s) is authorized to sign on behalf of the organization
- \* Contact information for the authorized agent (phone number, email address, and mailing address)

**IRS 501 (c) Determination Letter (If applicable)**

- \*Must be in good standing with the IRS and the State of Hawaii (DCCA)

