

# Lokahi Pacific

HARRY AND JEANETTE WEINBERG PONO CENTER

62 N. MARKET STREET, SUITE 300 ♦ WAILUKU, MAUI, HAWAII 96793 ♦ TELEPHONE 808.442.3028 ♦ FAX 808.442.3029 ♦ [www.lokahipacific.org](http://www.lokahipacific.org)

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## Commercial Kitchen Application

Applicant's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Title: \_\_\_\_\_ General Excise Tax No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street or P.O. Box) City Zip Code

Business Address: \_\_\_\_\_  
(If Different From Above) City Zip Code

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1. Type of Business (Please check one):  
 Specialty Food Producer     Cater     Vendor     Other, Specify: \_\_\_\_\_

2. Name of Insurance Company: \_\_\_\_\_  
Expiration Date of Coverage: \_\_\_\_\_ Amount of Coverage: \$ \_\_\_\_\_

3. Briefly describe your business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Briefly describe the food product(s) you plan to prepare in the commercial kitchen?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List ingredients that you will use to prepare your food product(s). Use additional sheet, if necessary.

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

6. What type of equipment do you require to prepare your product?

- a. \_\_\_\_\_ e. \_\_\_\_\_
- b. \_\_\_\_\_ f. \_\_\_\_\_
- c. \_\_\_\_\_ g. \_\_\_\_\_
- d. \_\_\_\_\_ h. \_\_\_\_\_

7. What day(s)/hours do you wish to use the commercial kitchen? Please check all that apply.

**Note: Minimum of 3 hours per use.**

- Sunday Time: \_\_\_\_\_ to \_\_\_\_\_
- Monday Time: \_\_\_\_\_ to \_\_\_\_\_
- Tuesday Time: \_\_\_\_\_ to \_\_\_\_\_
- Wednesday Time: \_\_\_\_\_ to \_\_\_\_\_
- Thursday Time: \_\_\_\_\_ to \_\_\_\_\_
- Friday Time: \_\_\_\_\_ to \_\_\_\_\_
- Saturday Time: \_\_\_\_\_ to \_\_\_\_\_
- Specific Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

8. What alternate time would you prefer if you cannot be scheduled for your desired time?

- Sunday Time: \_\_\_\_\_ to \_\_\_\_\_
- Monday Time: \_\_\_\_\_ to \_\_\_\_\_
- Tuesday Time: \_\_\_\_\_ to \_\_\_\_\_
- Wednesday Time: \_\_\_\_\_ to \_\_\_\_\_
- Thursday Time: \_\_\_\_\_ to \_\_\_\_\_
- Friday Time: \_\_\_\_\_ to \_\_\_\_\_
- Saturday Time: \_\_\_\_\_ to \_\_\_\_\_
- Specific Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

9. List all individual(s) authorized to enter the commercial kitchen (3 maximum if using one station and 6 maximum if using two stations). **Note: No one under the age of 16 is allowed in the kitchen at any time. Also, all kitchen users must have verification of TB clearance.**


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

**By signing this application form, I certify that this document has been completed to the best of my knowledge.**

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

Mail completed application to 62 N. Market St., Suite 300, Wailuku, HI 96793. Any questions, call the Pono Center at (808) 442-3028.