



## **BYU Hawaii Commissary Kitchen Application**

**Items made in this facility are NOT For Resale (NFR)** (See Rate B)

✓ Associated with BYUH Farmers Market, Food Services Associate and/or a Faculty, Staff or Student

**Please Print Clearly**

Date of Application (mm/dd/yy): \_\_\_\_\_

Date of Use (mm/dd/yy): \_\_\_\_\_

Rental Time: \_\_\_\_\_ to \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

Home/ Business Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

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

<input checked="" type="checkbox"/> one	
	Associated with BYUH Farmers Market
	BYUH Faculty, Staff or Student
	Current ID# _____ Expiration Date _____
	BYUH Food Service Vendor/ Associate (not with Farmers Market)

**Must be present at all times while commissary kitchen is in use.**

<b>Initial Each Item</b>	
	I understand that I am responsible for the commissary kitchen and that the food prepared here are <b>NOT FOR RESALE</b> but for my personal use and because of this <b>NO PERMITS</b> are required.
	I understand equipment available for use is listed on website only. If I wanted to use other equipment, I will make arrangement with Chef in advance.
	I will contact Chef for training at least 3 days in advance before using the kitchen.

**The above information is true and correct to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_

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

<b>Office Use only</b>		
\$25 processing fee (non-refundable)	Receipt Number:	Date
Paid in advance to Food Service Acct. Office		