BYU Hawaii Commissary Kitchen Application

BYUH Faculty, Staff and/ or Student for Business Purpose **(See Rate A)**

Please Print Clearly

Date of Application (mm/dd/yy): _____ **Date of Use (mm/dd/yy):** _____

Rental Time: _____ **to** _____

Primary Applicant:1 _____

Last First Middle

BYUH ID#: _____ **Expiration Date:** _____

Authorized User (Optional):2 _____

Last First Middle

BYUH ID#: _____ **Expiration Date:** _____

Primary applicant (1) or authorized user (2) must be present at all times while commissary kitchen is in use.

Business Name: _____

Type of Business: _____

Taxpayer Identification Number (SSN or FEIN): _____

Home/ Business Address: _____

Phone Contact: _____ **Email Address:** _____

Choose a Term for Kitchen Use:	
	One-time user: **Temporary Food Permit Required**
	Short term user (less than 1 month): **Temporary Food Permit Required**
	Temporary user (1- 3 months): **Temporary Food Permit Required**
	Long Term User (over 3 months): **Commissary Agreement Permit Required**
Liability and Certification	
	Copy of Assumption of Risk and Release Agreement or Certificate of Liability Insurance
	Copy of Dept. of Health Permit/ Expiration date
	General Excise license provided to BYU-H Food Services (original)
Initial Each Item	
	I have read and understand my responsibility in regards to the BYUH Commissary kitchen Application found on the website: http://foodservices.byuh.edu/kitchenrental
	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.

Primary Applicant Signature: _____ Date: _____

Authorized User Signature: _____ Date: _____

Office Use only		
$25 processing fee (non-refundable) **Paid in advance to Food Service Acct. Office**	**Receipt Number:**	**Date**
Copy of Assumption of Risk and Release	**Received Date:**	
Copy of DOH Permit	**Received Date:**	
(original) General Excise license	**Received Date:**	