

Environmental Health Department – Consumer Health Protection Division



Application for Temporary Food Permit



Please submit completed application form to City Hall:
1 Civic Plaza NW, Room 3023 – Environmental Health.

Applications must be submitted at least 3 business days prior to the event.

Temporary Food Permit Fee: \$25

Phone: (505) 768-2716

Email: fvaros@cabq.gov

Fax: (505) 768-2617

Booth Name: _____ Event Name: _____

Event Location: _____

Event Start Date: _____ Event End Date: _____ Setup Time: _____

Event Start Time: _____ Event End Time: _____

Applicant (Owner/ Operator): _____

Address: _____

Phone: _____ Email: _____

Event Organizing Contact: _____ Event Organizer Phone: _____

Location of food preparation: [] Onsite [] Other: _____

[] Cooking/ Reheating: [] Gas [] Electric [] Other: _____

[] Hot Holding: [] Gas [] Electric [] Other: _____

[] Cold Holding: [] Gas [] Electric [] Other: _____

[] Garbage/ Solid Waste: [] Onsite [] Other: _____

[] Liquid Waste Disposal: [] Onsite [] Other: _____

[] Thermometers [] Metal Stem [] Refrigerator [] Gravity Hand Wash Station

[] Sanitizer [] Test Kit [] 3-Compartment basin set-up

List all menu items: _____

I hereby agree to abide by all requirements of the Food Sanitation Ordinance as it relates to temporary food stands and understand that the enforcement authority may impose additional requirements and may prohibit the sale of some or all potentially hazardous food to protect the public. I further agree not to sell any home prepared products. I voluntarily agree to destroy any food deemed to be unfit for human consumption or hazardous to the public health. My failure to dispose of condemned food shall be grounds for immediate closure of the food operation.

Signature: _____ Date: _____

Applications cannot be processed without payment. Please mail in or drop off at our office. Exact change or check only.

Vendors shall not open for business prior to paying and obtaining a permit from Environmental Health Consumer Health Protection.

Amount Paid: \$ _____ Date: _____