



**City of Albuquerque**  
**Environmental Health Department**  
**Consumer Health Protection Division**  
 Albuquerque, NM 87103  
 T-505-768-2738 F- 505-768-2698  
[talling@cabq.gov](mailto:talling@cabq.gov)



**Raw Produce Application for Grower's Market Permits**  
**Check or Cash \$15.00 Fee**

Please make checks out to: **City of Albuquerque**  
**Environmental Health Department**  
**P.O. Box 1293**  
**Albuquerque, NM 87103**

**Please check one primary Market Location:** Downtown\_\_\_ Uptown\_\_\_ Nob Hill\_\_\_ ANEFAM\_\_\_  
 Presbyterian \_\_\_ Gold\_\_\_ Wilson\_\_\_ Railyards\_\_\_

Business Name on the booth: \_\_\_\_\_  
 Booth Owner Name: \_\_\_\_\_  
 Owner Mailing Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Owner Phone Number: \_\_\_\_\_ Owner Email \_\_\_\_\_  
 Name of the person operating the booth: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_  
 Farm Mailing Address: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Dates of the Market: To \_\_\_\_\_ From: \_\_\_\_\_  
 Physical Location of the Farm: \_\_\_\_\_  
 Farm Phone Number: \_\_\_\_\_  
 Farm Email: \_\_\_\_\_

**Please list all raw produce items to be sold at the Market:**

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

I hereby agree to abide by all requirements of the Food Sanitation Ordinance as it relates to Gower's Markets and temporary food stands. I 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 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 and forfeiture of this permit.

**Grower's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Paid by:** Cash  Check # \_\_\_\_\_ **Receipt Number** \_\_\_\_\_ **Int** \_\_\_\_\_

**Health Authority Signature** \_\_\_\_\_ **Date** Rev.11/12