



City of Albuquerque
Environmental Health Department
Consumer Health Protection Division
 Albuquerque, NM 87103
 T-505-768-2738 F- 505-768-2698
talling@cabq.gov



Seasonal Temporary Application for Growers' Market Permit Check or Cash \$50.00 Fee

Submit completed application
 & fee through your primary
 Growers' Market Manager

Checks 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

(City of Albuquerque Growers' Market Permits are honored @ all Growers' Markets within Albuquerque)

Business Name on the booth: _____

Booth Owner Name: _____

Owner Mailing Address: _____

Zip Code: _____ Market Dates: From: _____ To: _____

Owner Phone Number: _____ Owner Email: _____

Name of the person operating the booth: _____

Location of the Permitted Facility: _____

Business Email: _____

Please list all food items to be sold at the Market:

Seasonal Temporary Permits consist of food products such as honey with additives, eggs, meat, seafood, and non-potentially hazardous food. The following documentation is required when selling these food items:

- Eggs- Proof of listing with NMDA
- Meat-Proof of NMLB and USDA approval
- Seafood-Proof of NMED approval

All other foods- Proof of a permitted facility from the City of Albuquerque EHD, New Mexico ED, or Bernalillo County Office of Environmental Health.

I hereby agree to abide by all requirements of the Food Sanitation Ordinance as it relates to Growers' 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:** _____ **Initials:** _____

Health Authority Signature: _____ **Date Rev. 04/13**