



**City of Albuquerque**  
**Environmental Health Department**  
**Consumer Health Protection Division**  
 P.O. Box 1293, Albuquerque, NM 87103



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

# Application for Temporary Food Permit

Submit Completed Form to City Hall, 400 Marquette NW, 3<sup>rd</sup> Floor, Room 3023, **M-Fri 8 am – 3 pm, or by Appointment**

<b>Event Name:</b>	<b>Date From:</b>	<b>To:</b>
<b>Booth Name:</b>	<b>Event Location:</b>	
<b>Event Hours: Start:</b>	<b>End:</b>	<b>Set Up Time:</b>

Applicant: Owner/Operator	
Address:	City/State/Zip:
Phone #:	Organizer Contact:
Email:	Fax #:

Location of food preparation:  On Site  Other \_\_\_\_\_

List all Menu items: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Cooking/Reheating     Gas     Elec     Other
- Hot Holding     Gas     Elec     Other
- Cold Holding     Gas     Elec     Other
- Garbage/Solid Waste     On Site
- Other *Explain*
- Liquid Waste Disposal     On Site
- Other *Explain*
- Thermometers     Metal Stem     Refrigerator
- Gravity Handwash Station     Sanitizer
- Test Kit     3-Compartment basin set-up

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: \_\_\_\_\_  
 \_\_\_\_\_  
 Health Authority Signature

**TREASURY DIVISION USE ONLY – TEMPORARY 0204**

Business Registration Fee: \$35.00 or 501 (c) (3)  
 Temporary Food Permit Fee: \$25.00

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

Amount Paid: \$      Date: