



*****THIS IS NOT A PERMIT*****

City of Albuquerque
Environmental Health Department
Consumer Health Protection Division

1 Civic Plaza NW, 3rd Floor, Room 3023, Albuquerque, NM 87103

Applications must be submitted at least 1 (one) week prior to the event

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

Submit completed form to City Hall, 1 Civic Plaza NW, 3rd Floor, Room 3023 – Consumer Health Protection Division
FAX: 505-768-2617 Email consumerhealth@cabq.gov Phone 505-768-2716

Booth or Market Name:	Season Dates:	
	From	To
Operator: (Booth Operator's Name)		
Address of Permitted Kitchen or Address of Farm: (Where was food prepared or grown?)		
Applicant: (Owner's Name)		
Address:	City/State/Zip:	
Phone #:	Fax #:	
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
- ALL OTHER MEATS (INCLUDING JERKY AND SAUSAGE - PROOF OF NMLB AND USDA APPROVAL
- SEAFOOD – PROOF OF NMED APPROVAL

* All Products are to be correctly labeled

* Proper Temperatures are to be maintained during transportation display, and service/sale.

ALL OTHER FOODS- PROOF OF A PERMITTED FACILITY FROM THE CITY OF ALBUQUERQUE EHD, NEW MEXICO ED, OR BERNALILLO COUNTY OFFICE OF ENVIRONMENTAL HEALTH.

FAILURE TO SUBMIT SUPPORTING DOCUMENTATION WITH THE APPLICATION MAY RESULT IN PERMIT ISSUING DELAYS.

Please note that you must notify the Albuquerque Environmental Health Department prior to implementing any changes in your menu. Failure to do so will result in permit revocation until the new menu is approved.

I hereby agree to abide by all requirements of the City of Albuquerque Food Sanitation Ordinance §§ 9-6-1-1 et. seq. ROA 1994, as it relates to temporary food stands and understand that the enforcement authority may impose additional requirements and may prohibit the sale or distribution of some or all *potentially hazardous food* in order 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 public health. My failure to dispose of condemned food shall be grounds for immediate closure of the food operation.

Applicant's Signature: _____ Date: _____

Amount Paid: Paid by: Cash Check # _____ Receipt Number Int.

Market Manager Signature _____ Health Authority Signature _____