



CITY OF ALBUQUERQUE  
 ENVIRONMENTAL HEALTH DEPARTMENT  
 CONSUMER HEALTH PROTECTION DIVISION

**TEMPORARY RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION**

1 Civic Plaza NW, 3rd Floor, Room 3023, Albuquerque, NM 87102  
 (505)768-2738

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**PERMIT NOT VALID UNTIL \$50 FEE IS PAID**

**Applications must be submitted at least one week prior to the event**

A permit fee of **\$50** is due prior to issuance of the Temporary Retail Food Permit. Vendors shall not open for business prior to paying and obtaining the permit. Temporary Retail Food Permits are non-transferable and are only valid for a single location. **Submit applications through [consumerhealth@cabq.gov](mailto:consumerhealth@cabq.gov) or in person at our office.** Payments may be made online after receiving an invoice or in person via check or cash (exact change required).

**Vendors who are subject to the Homemade Food Act are not covered under this permit.**  
 (If you are subject to the Homemade Food Act, stop here, do not submit a permit application;  
 information on the act can be found by visiting <https://www.cabq.gov/environmentalhealth/food-safety> )

**EVENT INFORMATION**

Event Organizer Name:

Event Name:

**Temporary Retail Food Permits are valid for a 7 Day period for a fixed location.**

Start Date:

End Date:

I am vending at a grower's market. *(If checked, this application must be submitted through the market manager/organizer)*

I am requesting a variance in accordance with the Retailers, Meat Markets, and Wholesalers Ordinance §9-6-2-18 to extend the length of time provided for with this permit. (A variance will not allow participation at multiple events or locations; separate applications and payments must be made.)

**Proposed Date Range:** Start: \_\_\_\_\_ End: \_\_\_\_\_

**Reason for Variance Request:**

- Obtaining a new permit every 7 days imposes an undue economic burden to my business.
- Obtaining a new permit every 7 days imposes an undue hardship to my business.

**Supporting Evidence for Variance Request:** (Please provide an explanation for why the permit limitations create an undue economic burden or hardship or both for your business. This explanation is required for Consumer Health to evaluate your request. *If the variance box is checked, and this section is blank, the application will be considered incomplete.*)

I am requesting a variance in accordance with the Retailers, Meat Markets, and Wholesalers Ordinance §9-6-2-18 for another reason. I am requesting a variance from the following requirement:

**Reason for Variance Request:**

- This requirement imposes an undue economic burden to my business.
- This requirement imposes an undue hardship to my business.

**Supporting Evidence for Variance Request:** (Please provide an explanation describing why the requirement creates an undue economic burden or hardship or both for your business. This explanation is required for Consumer Health to evaluate your request. *If the variance box is checked, and this section is blank, the application is incomplete and Consumer Health shall deny the variance.*)

Booth Name:

Event Location:

Event Hours:

Start:

End:

Set Up Time:

**APPLICANT INFORMATION**

Owner/Operator Name:

Address:

City/State/Zip:

Phone #:

Email Address:

Alt Phone #:

- 1. If POTENTIALLY HAZARDOUS FOOD is transported (e.g. seafood) to the event:** (FDA Food Code 2009 3-202.11)
  - What is the length of time in transport? \_\_\_\_\_
  - How is the food to be kept Hot or cold? \_\_\_\_\_
- 2. Hand washing facilities:** (Retailers, Meat Market, and Wholesalers Ordinance § 9-6-2-4 (B))
  - Plumbed sink \_\_\_\_\_ or gravity flow container \_\_\_\_\_
  - Will hot water be available?  Yes  No
  - At a minimum, you need 5 gallons in a container with a spigot, to leave hands free for washing, a bucket for wastewater, soap, and single use paper towels.
- 3. Where will utensils be cleaned and sanitized?** (FDA Food Code 2009 Chapter 4)
  - A 3-Compartment basin or sink is required
  - If using Chlorine bleach or Quaternary ammonia to sanitize, you must have test strips on site.

**4. List all food items to be sold:** (Retailers, Meat Market, and Wholesalers Ordinance § 9-6-2-2)

- Only prepackaged, frozen food products shall be sold.
  - i. To sell other retail food items, a vendor must request a variance in accordance with the Retailers, Meat Markets, and Wholesalers Ordinance § 9-6-2-18 (in the variance section provided above) and have those food items approved by a Consumer Health Protection inspector, only if such a variance will not result in a condition injurious to health or safety.
- Include how you plan to keep Potentially Hazardous Food hot, cold or reheated:
  - Gas  Electric  Other \_\_\_\_\_

<b>List ALL food items to be sold.</b>	
<b>FOOD ITEM</b>	<b>FOOD TEMPERATURE HOLDING METHOD</b>
Example: Ice Cream	In a mobile freezer at 0°F
<input type="checkbox"/> I certify that I have read and understand the Homemade Food Act, available at information on the Act is available at available at <a href="https://www.nmlegis.gov">https://www.nmlegis.gov</a> , and that I am not preparing or selling “homemade food item[s]” as defined in the Homemade Food Act and am not otherwise subject to the Homemade Food Act.	
<b>SPROUTS AND SUSHI ARE PROHIBITED. PASTEURIZED EGGS MUST BE USED.</b>	

I hereby agree to abide by all requirements of the City of Albuquerque Retailers, Meat Markets, and Wholesalers ordinance §§ 9-6-2-1 et. seq. ROA 1994, as it relates to temporary food establishments. I acknowledge that the City of Albuquerque Retailers, Meat Markets and Wholesalers ordinance section § 9-6-2-4 limits operations under this permit to a fixed location for a period of time not to exceed seven days. I understand that in order to obtain a variance, I must request a variance as stated in § 9-6-2-18 of the Retailers, Meat Market, and Wholesalers Ordinance. I understand that this permit is limited to the sale of food as a temporary food establishment as defined in the City of Albuquerque Retailers, Meat Markets, and Wholesalers Ordinance §§ 9-6-2-1; other food sales may be subject to additional permits. I further agree not to sell any “homemade food item” as defined in the Homemade Food Act under this permit.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**For Official Use Only**

Check# \_\_\_\_\_    
  Online Payment    
  Cash

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

EHD Employee: \_\_\_\_\_