



Tim Keller, Mayor

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



Sandra Begay, Director

FAX: 505-768-2617 Email: fvaros@cabq.gov Phone 505-768-2716

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

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

Market Manager: _____ On Site Phone: _____
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: _____ Market Dates: From: _____ To: _____
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 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 _____ Int. _____

Health Authority Signature _____ Date Rev. 02/19