



**City of Albuquerque**  
**Environmental Health Department**  
**Consumer Health Protection Division**  
 P.O. Box 1293, Albuquerque, New Mexico 87102



FAX: (505) 768-2698 Email: [talling@cabq.gov](mailto:talling@cabq.gov) Phone: (505) 768-2738

# Application for Temporary Food Permit

Submit Completed Form to City Hall, 400 Marquette NW, 3<sup>rd</sup> Floor, Room 3023 – Consumer Health Protection Division

Event Name: _____	Date From: _____	To: _____
Booth Name: _____	Event Location: _____	
Event Hours: Start: _____	End: _____	Set Up Time: _____

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

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

List all menu items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check (√) Equipment Available for:

- 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 \_\_\_\_\_ Rev.05/01/2012

**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: \_\_\_\_\_