



CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT
CONSUMER HEALTH PROTECTION DIVISION

OBTAINING AN ANNUAL FOOD OR POOL PERMIT

(505)768-2738
consumerhealth@cabq.gov

Summary of Steps

1. Obtain the required documentation
2. Complete page 1 of the application
3. Contact EHD to schedule an inspection
4. Pass an inspection
5. Application packet submission
6. Payment of fees
7. Permit provided
8. Operations may begin

Special Circumstances

Contact EHD and let us know which special circumstances apply to you:

- Obtaining a permit for liquor/beer and wine license.
- A new build requiring approval of plans. Please also visit [EHD's website](#) for more information.
- Temporary food permits

NOTE that a change in ownership or business location are not special circumstances and must follow the permitting guidelines.

1. REQUIRED DOCUMENTATION

- A commissary is required for all mobile food units, the commissary address will be used as the business location
 - A commissary agreement will be required upon permitting (please see example on page 3 of this document)
- Current NM State Tax and Rev CRS form: Visit [NM Tax and Revenue](#) for more information
- Current City of Albuquerque Business Registration: Visit the [Planning Department](#) (Not-for-profit organizations are exempt from this requirement)
- Copy of Menu (All permits except pool permits)
- CPO Certificate and CPO Form completed (For all pool permits)
- Permits for facilities serving food with cannabis must also provide their NM RLD permits. Please review the [FAQ page for Cannabis Establishments](#).

2. COMPLETING THE APPLICATION

- Complete page one of the application included on page 4 of this document.
- Feel free to contact the main office with any questions on how to fill out the application.
- Hovering over the information icon ⓘ, will provide additional guidance on the field it corresponds with.
- The applicant must complete ALL fields on page 1.
- The Total Fee Amount will be entered by your inspector.
- The inspector will collect your signature during the pre-opening inspection.
- Applicants for vending machine permits must complete Supplemental Form D. Please contact our office to obtain this form.
- Applicants from Corporations or LLC's must complete ALL fields for their corresponding sections of Supplemental Form A. This form can be found on page 5 of this document.

3. & 4. SCHEDULE/PASS A PRE-OPENING INSPECTION

- Application Packets are submitted through an Environmental Health Department (EHD) Field Operations Officer or EHD Specialist II following an inspection of the food establishment resulting in a passing grade.
- Prior to scheduling your pre-opening inspection, your area inspector will ask for the required documents to be sent to them electronically.
- To contact your designated EHD inspector, please call the main line at (505)768-2738.
- A request for inspection must be made at least five working days prior to the anticipated opening date. EHD recommends contact as soon as possible to ensure that there are no delays in permitting and opening of operations.



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5. APPLICATION PACKET SUBMISSION

- Your inspector will submit your application and all of the required attachments to EHD Administrative staff for processing.
- Required Attachments:
 - Current NM State Tax and Rev CRS form
 - City of Albuquerque Business Registration
 - Completed passing inspection report
 - Copy of Menu (All permits except pool permits)
 - For Mobile Units: Photo of license plate and a copy of the commissary agreement.

6. PAYMENT OF FEES & 7. PERMIT ISSUED

- You will receive an email from EHD Administrative staff containing a PDF of the invoice due for your permit.
- This may be paid online by visiting <https://www.cabq.gov/311/pay-a-bill>, selecting [Health Permits, Air Quality Permits and Fees, Vehicle Pollution Fees](#), and entering your information in the following format: IN0000000_FA0000000 (Invoice# and Facility ID# separated by an underscore).
 - Permit will be provided via email after a payment confirmation is sent and the approved sticker will be mailed out.
- Payments made by mail: Make checks payable to: City of Albuquerque and include a copy of your invoice.
 - City of Albuquerque
 P.O. Box 1293
 Albuquerque, NM
 87103
 - Permit and approved sticker will be issued via mail to the address of record.
- In person payments: Via money order, checks payable to City of Albuquerque, exact cash amount. Bring a copy of your invoice.
 - 1 Civic Plaza NW
 Third Floor, Room 3023
 Albuquerque, NM
 87102
 - Permit can be issued on site or via email. Green approved sticker will be provided on site.

Operations may not start until the invoice has been paid and the permit received.

If you have not received an invoice or your permit within 3 business days following application submission, please contact the main Environmental Health Office at 505-768-2638 or your inspector.

8. OPERATIONS MAY BEGIN

Please use your inspector as a resource for any food or pool safety concerns and questions. Contact the main office at any time for assistance concerning your invoices or permit. Be prepared to provide your Facility ID number that can be found on any of your invoices or permits.

The Environmental Health Department wishes you all the best with your new business.

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Fees

Permit Type	1st Year Fee
Food Service	\$200
Mobile Unit	\$120
Retail	\$100
Food Processor	\$200
Limited Facility	\$120
Not-For-Profit	\$120
Food Bank	WAIVED
Pool	\$180



CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT
CONSUMER HEALTH PROTECTION DIVISION
COMMISSARY AGREEMENT

311 OR (505)768-2716

Tim Keller, Mayor

I agree to report to the commissary listed below every day of operation where food service is provided by my mobile food unit. The facility will be providing the following services to my mobile food business. I understand that failure to report to the commissary on a daily basis when the mobile unit is in operation may result in enforcement action by City of Albuquerque Environmental Health Department, including suspension of the permit to operate the mobile unit. This commissary agreement expires annually on the date of the expiration of the health permit and must be renewed on an annual basis. A copy of your current commissary agreement must be provided annually to the Environmental Health Department. In signing this agreement, I agree to comply with the requirements of the City of Albuquerque Food Sanitation Ordinance and all other applicable ordinances and regulations.

Check all commissary activities that apply:

- | | |
|---|---|
| GREY WATER DISPOSAL | FRESH WATER SUPPLY |
| DISPOSAL OF GARBAGE | WAREWASHING (three-compartment sink) |
| STORAGE AREA FOR SUPPLIES AND | FACILITIES FOR FOOD PREPARATION & STORAGE |
| CHEMICALS PARKING FOR MOBILE UNIT WHEN NOT IN | REST ROOM FACILITIES |
| OPERATION | |

It is the responsibility of the commissary owner to report to the City of Albuquerque Environmental Health Department any mobile food vendor that signs a commissary agreement but does not actually use the commissary services that have been agreed to in this document. Failure to do so may result in enforcement action including permit suspension of the commissary permit.

COMMISSARY BUSINESS NAME: _____

PHONE: _____ EMAIL: _____

COMMISSARY OWNER/MANAGER NAME: _____

COMMISSARY ADDRESS: _____

COMMISSARY HOURS OF OPERATION:

MONDAY: _____	FRIDAY: _____
TUESDAY: _____	SATURDAY: _____
WEDNESDAY: _____	SUNDAY: _____
THURSDAY: _____	

SIGNATURE OF COMMISSARY OWNER/MANAGER: _____ DATE: _____

MOBILE UNIT BUSINESS NAME: _____

PHONE: _____ EMAIL: _____

MOBILE UNIT OWNER NAME: _____

MOBILE UNIT LICENSE PLATE #: _____ VIN #: _____

SIGNATURE OF COMMISSARY OWNER/MANAGER: _____ DATE: _____

FOR OFFICIAL USE ONLY

COMMISSARY FA#: _____ PERMIT/AGREEMENT EXP DATE: _____

MOBILE UNIT FA#: _____

PHOTO OF UNIT COLLECTED FOR FILE

HEALTH AUTHORITY SIGNATURE: _____ DATE: _____



CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT
CONSUMER HEALTH PROTECTION DIVISION
HEALTH PERMIT APPLICATION
(505)768-2738

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PERMIT NOT VALID UNTIL FEE IS PAID

PERMITS ARE NON-TRANSFERABLE; IN THE CASE OF CHANGE OF OWNERSHIP, ENVIRONMENTAL HEALTH MUST BE NOTIFIED. YOU MUST KEEP YOUR CONTACT INFORMATION, INCLUDING YOUR ADDRESS OF RECORD, UP-TO-DATE AND NOTIFY ENVIRONMENTAL HEALTH IN WRITING OF ANY CHANGES.

OWNER INFORMATION				
Owner Name: i	DBA: i			
Address Line 1:	Street # and Name	Street Type	Direction	Suite/Unit #
	City/State	Zip Code		
Address Line 2:				
	City/State	Zip Code		
Contact:	Phone Number	Alternate Phone Number	Email Address	
NM Business Tax ID#:	(Must match your NM CRS Form)		Ownership Type: <i>(Corporations and LLCs Must Complete Supplemental Form A)</i>	
	I own another facility permitted by Environmental Health that shares the same NM Business Tax ID number.			

FACILITY INFORMATION				
<i>(For vending machine permits, list the commissary address here and complete supplemental form D)(For mobile unit permits, list the commissary address here)</i>				
Facility Name: i	Facility Occupancy:			
Address Line 1: i	Street # and Name	Street Type	Direction	Suite/Unit #
	City/State	Zip Code		
Address Line 2:				
	City/State	Zip Code		
Contact:	Phone Number	Alternate Phone Number	Email Address	
Preferred Language:	Specify Other:			

ADDRESS OF RECORD

THIS IS THE ADDRESS THAT EHD WILL USE TO CONTACT YOU FOR OFFICIAL CORRESPONDENCE.
YOU MUST KEEP THIS ADDRESS UP-TO-DATE AND NOTIFY ENVIRONMENTAL HEALTH OF ANY CHANGES IN WRITING.

For LLCs and Corporations, indicate whether this address of record is also the Registered Agent. YES NO

Attention To:				
Address Line 1:	Street # and Name	Street Type	Direction	Suite/Unit #
	City/State	Zip Code		
Address Line 2:				
	City/State	Zip Code		

PERMIT FEES

An invoice will be emailed and can be paid Online at <https://www.cabq.gov/311/pay-a-bill>,
In person by cash (in exact change) or check at: 400 Marquette NW, RM 3023, 3rd Floor,
-OR-
Mailed to: PO Box 1293 Albuquerque, NM 87103-1293
(Mailed Payments must include a copy of your invoice.)
Make checks payable to: City of Albuquerque

TOTAL FEE AMOUNT: _____ **i**

I certify that the information in this application is true and accurate to the best of my knowledge; that I will comply with the Food Sanitation Ordinance and/or the Retailers, Meat Markets and Wholesalers Ordinance; and that I will allow the enforcement authority access to the establishment and to records as required by the Food Sanitation Ordinance and/or the Retailers, Meat Markets and Wholesalers Ordinance/ or the Albuquerque Swimming Pool Ordinance.

I am applying for a Not-For-Profit Distribution (Food Bank) permit and certify that I have obtained not-for-profit status.

APPLICANT PRINT NAME: _____ SIGNATURE: _____ DATE: _____



CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT CONSUMER HEALTH PROTECTION DIVISION
HEALTH PERMIT APPLICATION: SUPPLEMENTAL FORM A
(505)768-2738

CORPORATIONS

Name of Corporation:				
Mailing Address of Corporate Office:				
	Street # and Name	Street Type	Direction	Suite/Unit #
Address Line 2:				
	City/State	Zip Code	Phone #	Alt Phone #
NAME & TITLE OF OFFICERS, DIRECTORS, AND STOCKHOLDERS		COMPLETE ADDRESS		
Registered Agent Name:				
Address Line 1:				
	Street # and Name	Street Type	Direction	Suite/Unit #
Address Line 2:				
	City/State	Zip Code		
Contact:				
	Phone Number	Alternate Phone Number	Email Address	

LIMITED LIABILITY COMPANIES (LLC)

Name of LLC:				
Mailing Address:				
	Street # and Name	Street Type	Direction	Suite/Unit #
Address Line 2:				
	City/State	Zip Code	Phone #	Alt Phone #
LIST ALL MEMBERS AND MANAGERS		COMPLETE ADDRESS		
Registered Agent Name:				
Address Line 1:				
	Street # and Name	Street Type	Direction	Suite/Unit #
Address Line 2:				
	City/State	Zip Code		
Contact:				
	Phone Number	Alternate Phone Number	Email Address	