

CITY OF ALBUQUERQUE ENVIRONMENTAL HEALTH DEPARTMENT CONSUMER HEALTH PROTECTION DIVISION

TEMPORARY FOOD SERVICE 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 \$25 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. A Permit issued by the City **is required** to operate at any event, but **is not** an approval to participate in any specific event. Participation in a specific event is at the discretion of the Event Coordinator.

Submit applications to Environmental Health Department, Consumer Health Protection Division ("CHPD") through <u>consumerhealth@cabq.gov</u> or in person at our office. Payments may be made online after receiving an invoice or in person via check, money order, 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 <u>https://www.cabq.gov/environmentalhealth/food-safety</u>)

APPLICANT INFORMATION					
Owner/Operator Name:					
Establishment Name:					
Permanent Address:	City/State/Zip:				
Event Name:	Event Organizer:				
(If vending at grower's market, this application must l	pe submitted through the market manager/organizer)				
Event Start Date:	Event End Date:				
(Temporary Food-Service Establishment Permits are valid for a 14-da	ay period for a fixed location. Otherwise, please request a variance.)				
Event Address:					
Applicant Phone #:	Applicant Email Address:				
Alt Phone #:					
PERSON IN CHARGE					
(If different than the Applicant)					
The person who will be onsite at the market, and is responsible for food safety.					
Name:					
Address:	City/State/Zip:				
Phone #:	Email Address:				
Alt Phone #:					

	COMMISSARY INFORMATION						
A <u>cor</u>	nmissary is require	ed unless the applicant ca	an demonstrate that all food preparation	n will be onsite at the event.			
			commissary's permit is required.				
	A copy of the <mark>c</mark>	ommissary agreement is	required, unless you are also the owner	of the commissary.			
Comm	issary Name:						
Addre	ss:		City/State/Zip:	City/State/Zip:			
Phone	#:		Email Address:	Email Address:			
Alt Pho	one #:						
-			QUESTIONNAIRE				
1.	1. Do you hold an active health permit with the City of Albuquerque Environmental Health Department?						
	D No.	•					
	🗌 Yes: Pleas	e attach a copy of active I	Environmental Health permit.				
2.	2. Which type of sink do you have available for handwashing?						
	Plumbed	Sink, is hot water availabl	e? 🗆 Yes 🗆 No				
			ter be available? □Yes □No				
3.	Will utensils be c	leaned and Sanitized?					
	🗌 Yes, I have	e a three-compartment si	nk.				
	🗆 No, I will u	use disposable utensils.					
4.	Will potentially h	azardous food be transpo	orted to markets?				
	🗆 No.						
	🗌 Yes: Pleas	e explain how the potent	ially hazardous food will kept at safe tem	peratures during transport?			
	<u> </u>		QUIRED ATTACHMENTS				
	1. Copy of full menu if there are additional items not listed below.						
2. 3.		nmissary's permit, if appl eement, if applicable.					
3. 4.	, .	lbuquerque business regis	stration if applicable				
5.			vironmental Health Department Consum	er Health Protection Division			
		the applicant/establishme					
	permiteriererey		ALL food items to be sold.				
PI	ROHIBITED SALES:	Food containing cannabi	s, sushi, raw seafood, sprouts, and unpa	steurized dairy products.			
	*ALL PRODUCTS	ARE TO BE CORRECTLY L	ABELED AND PROPER TEMPERATURES N	AINTAINED DURING			
		TRANSPORTAT	ION, DISPLAY, AND SERVICE/SALE.				
	FOOD ITEM	LOCATION OF FOOD	COOKING PROCEDURES	FOOD TEMPERATURE AND			
		PREPARATION	(e.g. deep fry, grill, bake, reheating)	HOLDING METHOD			
Exa	mple: Chile Beans		Cooked on stove in booth	165°F Steam table			
L							

FOOD ITEM	LOCATION OF FOOD	COOKING PROCEDURES	FOOD TEMPERATURE AND		
	PREPARATION	(e.g. deep fry, grill, bake, reheating)	HOLDING METHOD		
	REC	QUEST FOR A VARIANCE			
I am requesting a variance from the following requirement of the Food Sanitation Ordinance § 9-6-1-1 et. seq.:					
Reason for Variance Req	-				
	ient imposes an undue eco ient imposes an undue ha	onomic burden to my business.			
	•	se provide an explanation describing wh	v the requirement creates an		
	• •	your business. This explanation is requ	, ,		
		d, and this section is blank, the applicatio	n is incomplete and Consumer		
Health shall deny the variance.)					
By signing below, I affirn	n and certify that:				
<u> </u>	contained in this applicat	tion is correct;			
	of any changes to the info	•			
	uirements of the City of Al bod service establishments	buquerque Food Sanitation ordinance §§	9-6-1-1 et. seq. ROA 1994, as		
		, I requirements and may prohibit the sale	e or distribution of some or all		
<u> </u>	•	A)(1) ROA 1994, in order to protect the p	-		
		ilers, Meat Markets and Wholesalers ord			
operations under this permit to a fixed location for a period of time not to exceed fourteen days; I understand that in order to obtain a variance, I must request a variance as stated in § 9-6-1-16 of the Retailers,					
Meat Market, and Wholesalers Ordinance;					
I have read and understand the Homemade Food Act §25-12-1 et seq. NMSA 1978. I am not preparing or selling					
"homemade food item[s]" as defined therein and I am not otherwise subject to the Homemade Food Act;					
All "potentially hazardous food," as defined in §§ 9-6-1-1 ROA 1994, is prepared in a facility that meets the requirements of §§ 9-6-1-1 et seq ROA 1994; and					
I have the right to allow, and will allow, CHPD access to the Food Establishment named above and its records for the					
purpose of enforcing §§9-6-1-1 et seq. ROA 1994.					
Applicant's Printed Name	e:				
		For Officia	al Use Only		
			Online Payment Cash		
Hoalth Authority Constant	re:	Amount Paid: \$	Date:		