



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 **\$25** is due prior to issuance of the Temporary Food Service Establishment Permit. Vendors shall not open for business prior to paying and obtaining the permit. Temporary Food Service Establishment Permits are non-transferable and are only valid for a single event/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 Food Permits are valid for a 14 Day period**

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 Food Sanitation Ordinance §9-6-1-15 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 14 days imposes an undue economic burden to my business.
- Obtaining a new permit every 14 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 is incomplete and Consumer Health shall deny the variance.*)

I am requesting a variance in accordance with Food Sanitation Ordinance §9-6-1-15 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:
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Event Hours:			
Start:	End:	Set Up Time:	

**APPLICANT INFORMATION**

Owner/Operator Name:	
Address:	City/State/Zip:
Phone #:	Email Address:
Alt Phone #:	

I am preparing food at a commercial kitchen or commissary. (Please provide the address below, if the kitchen is permitted by the New Mexico Environment Department or Bernalillo County Office of Environmental Health please provide proof of their permit status).

Facility 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:** (Food Sanitation Ordinance § 9-6-1-4 (A)(9))

- 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.
- All temporary food-service establishments without effective facilities for cleaning and sanitizing tableware shall provide only single-service articles for use by the consumer. (Food and Beverages Ordinance § 9-6-1-4 (A)(5))

**4. List all food items to be served:** (Food Sanitation Ordinance § 9-6-1-4 (A)(2)(b))

- Only those potentially hazardous foods requiring limited preparation, such as hamburgers and frankfurters that require only seasoning and cooking, shall be prepared or served at a temporary food service establishment. To serve other potentially hazardous foods, the vendor must:
  - Prepare and individually package the potentially hazardous foods under conditions and in a facility that meets the requirements of §§ 9-6-1-1 et seq.; sell and serve food items in individual, unopened packaging; and store food items at temperatures of 45° F. (7° C.) or below, or at a temperatures of 140° F. (60° C.) or above; **and**
  - Contact the City of Albuquerque Environmental Health Department Consumer Health Protection Division to have all food items and processes pre-approved prior to issuance of a permit and sale of the food items. To contact an inspector, call the EHD main office at (505) 768-2738.
- Include how you plan to keep Potentially Hazardous Food hot, cold or reheated:
  - Gas  Electric  Other \_\_\_\_\_

**List ALL food items to be sold.**

I certify that I have read and understand the Homemade Food Act, available at <https://www.nmlegis.gov>, 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.  I certify that all "potentially hazardous food," as defined in § 9-6-1-1, is prepared in a facility that meets the requirements of §§ 9-6-1-1 et seq.

**SPROUTS AND SUSHI ARE PROHIBITED. PASTEURIZED EGGS MUST BE USED.**

**MEATS FROM AN APPROVED SOURCE MUST BE USED.**

**\*ALL PRODUCTS ARE TO BE CORRECTLY LABELED AND PROPER TEMPERATURES MAINTAINED DURING TRANSPORTATION, DISPLAY, AND SERVICE/SALE.**

FOOD ITEM	OFF SITE PREP YES OR NO	COOKING PROCEDURES (e.g. deep fry, grill, bake, reheating)	FOOD TEMPERATURE HOLDING METHOD
Example: Chile Beans	No	Cooked on stove in booth	Steam table

I hereby agree to abide by all requirements of the City of Albuquerque Food Sanitation Ordinance §§ 9-6-1-1 et. seq. ROA 1994, as it relates to temporary food-service establishments and understand that the enforcement authority may impose additional requirements and may prohibit the sale or distribution of some or all potentially hazardous food as stated in § 9-6-1-4 (A) (1), in order to protect the public. I acknowledge that the City of Albuquerque Food Sanitation Ordinance section § 9-6-1-12 limits any permit received from this application to a single location for a period of 14 days. I understand that in order to obtain a variance, I must request a variance as stated in § 9-6-1-15 of the Food Sanitation Ordinance. I understand that this permit is limited to the sale of food as a temporary food-service establishment as defined in the City of Albuquerque Food Sanitation Ordinance §§ 9-6-1-1; other food sales may be subject to additional permits. I further agree not to sell any "homemade food items", as defined in the Homemade Food Act, under this permit.

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

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

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

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

For Official Use Only		
<input type="checkbox"/> Check# _____	<input type="checkbox"/> Online Payment	<input type="checkbox"/> Cash
Amount Paid: \$ _____	Date: _____	
EHD Employee: _____		