



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 Permit. Vendors shall not open for business prior to paying and obtaining the permit. Temporary Food Service 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 consumerhealth@cabq.gov 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 <https://www.cabq.gov/environmentalhealth/food-safety>)

APPLICANT INFORMATION	
Owner/Operator Name:	
Establishment Name:	
Permanent Address:	City/State/Zip:
Event Name:	Event Organizer:
<i>(If vending at grower’s market, this application must be submitted through the market manager/organizer)</i>	
Event Start Date:	Event End Date:
<i>(Temporary Food-Service Establishment Permits are valid for a 14-day period for a fixed location. Otherwise, please request a variance.)</i>	
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 #:	

FOOD ITEM	LOCATION OF FOOD PREPARATION	COOKING PROCEDURES (e.g. deep fry, grill, bake, reheating)	FOOD TEMPERATURE AND HOLDING METHOD

REQUEST 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 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.*)

By signing below, I affirm and certify that:

- All of the information contained in this application is correct;
- I will notify the CHPD of any changes to the information provided;
- I will 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;
- I understand that CHPD 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) ROA 1994, in order to protect the public;
- I understand that the City of Albuquerque Food Sanitation ordinance section § 9-6-1-4 limits 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 City of Albuquerque Food Sanitation 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: _____
 Applicant's 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: _____		