



CITY OF ALBUQUERQUE
 ENVIRONMENTAL HEALTH DEPARTMENT
 CONSUMER HEALTH PROTECTION DIVISION

TEMPORARY RETAIL FOOD 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 \$50 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 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:
Event Start Date:	Event End Date:
(Temporary Retail Food Permits are valid for a 7-day 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 and is responsible for food safety.	
Name:	
Address:	City/State/Zip:
Phone #:	Email Address:
Alt Phone #:	

COMMISSARY INFORMATION

A **commissary is required** for the manufacturing of all retail products.

A copy of the **commissary's permit is required.**

A copy of the **commissary agreement is required**, unless you are also the owner of the commissary.

Commissary Name:

Address:

City/State/Zip:

Phone #:

Email Address:

Alt Phone #:

QUESTIONNAIRE

1. Do you hold an active health permit with the City of Albuquerque Environmental Health Department?
 - No.
 - Yes: Please attach a copy of active Environmental Health permit.
2. Which type of sink do you have available for handwashing?
 - Plumbed Sink, is hot water available? Yes No
 - Gravity Flow Container, will hot water be available? Yes No
3. Will utensils be cleaned and Sanitized?
 - Yes, I have a three-compartment sink.
 - No, I will use disposable utensils.
4. Will potentially hazardous food be transported to the event?
 - No.
 - Yes: Please explain how the potentially hazardous food will kept at safe temperatures during transport?

REQUIRED ATTACHMENTS

1. Copy of full menu.
2. A copy of the commissary's permit, if applicable.
3. Commissary agreement, if applicable.
4. Copy of City of Albuquerque business registration, if applicable.
5. Copy of NMDA egg license, if applicable.
6. Copy of USDA tags, if applicable.
7. Copy of any active City of Albuquerque Environmental Health Department Consumer Health Protection Division permits, if applicable.

List ALL food items to be sold.

PROHIBITED SALES: Foods containing cannabis, sushi, raw seafood, sprouts, and unpasteurized dairy products.

Egg producers, dealers, or retailers must supply a copy of their NMDA egg license.

Meat must be USDA inspected and sold frozen and in its original packaging. Applicant must provide an example of their USDA tags.

TIME AND TEMPERATURE CONTROL FOR SAFETY FOODS: Must be prepared and packaged at a commissary and offered for sale in individual servings.

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

FOOD ITEM

FOOD TEMPERATURE AND HOLDING METHOD

Example: Ice Cream

In a mobile freezer at 0°F

FOOD ITEM	FOOD TEMPERATURE AND HOLDING METHOD
Example: Ice Cream	In a mobile freezer at 0°F

REQUEST FOR A VARIANCE

I am requesting a variance from the following requirement of the Retailers, Meat Markets, and Wholesalers Ordinance § 9-6-2 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 Retailers, Meat Markets, and Wholesalers ordinance §§ 9-6-2-1 et. seq. ROA 1994, as it relates to temporary food establishments;
- I understand that the City of Albuquerque Retailers, Meat Markets and Wholesalers ordinance section § 9-6-2-4 limits operations under this permit to a fixed location for a period of time not to exceed seven days;
- I understand that in order to obtain a variance, I must request a variance as stated in § 9-6-2-18 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 §§ 9-6-2-1 ROA 1994, is prepared in a facility that meets the requirements of §§ 9-6-2-1 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 §§9-6-2-1 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: _____		