



CITY OF ALBUQUERQUE
 ENVIRONMENTAL HEALTH DEPARTMENT
 CONSUMER HEALTH PROTECTION DIVISION

TEMPORARY FOOD 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 FEE IS PAID

Applications must be submitted at least one week prior to the event

Vendors shall not open for business prior to paying the permit fee and obtaining the permit. Temporary Food Permits are non-transferable and are only valid for a single location up to fourteen (14) consecutive days. 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).

Permits must be posted in the food booth at the event.

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/Booth Name:

Booth#:

Permanent Address:

City/State/Zip:

Event Name:

Event Organizer:

Event Start Date:

Event End Date:

(Temporary Food-Service Establishment Permits are valid for 14 consecutive days at 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 commissary is required unless the applicant can demonstrate that all food preparation will be onsite at the event.

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 TCS food be transported to markets?
 - No
 - Yes: Please explain how the TCS food will kept at safe temperatures during transport?

REQUIRED ATTACHMENTS

1. Copy of full menu if there are additional items not listed below.
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 any active City of Albuquerque Environmental Health Department Consumer Health Protection Division permits held by the applicant/establishment, if applicable.

List ALL food items to be distributed.

PROHIBITED Items: Food containing cannabis, raw seafood, and unpasteurized dairy products.

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

| FOOD ITEM | LOCATION OF FOOD PREPARATION | COOKING PROCEDURES (e.g. deep fry, grill, bake, reheating) | FOOD TEMPERATURE AND HOLDING METHOD |
|----------------------|------------------------------|---|-------------------------------------|
| Example: Chile Beans | At the commissary | Cooked on stove, kept hot in booth | 165°F Steam table |
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Permit Type Required and Menu Descriptions

| Permit Type | Menu Type Description | Fee | EHD Use Only |
|---|--|------|--------------------------|
| Temporary Prepackaged; Risk 1 | <p>Prepackaged: Vends foods that remains in the original packaging from the manufacturer until provided to the consumer -OR- raw, uncut produce.</p> <p><u>Examples of Approved Menu Items:</u> bags of chips, bottled soda or water, packaged beef jerky, packaged candy, honey, *packaged raw meat.</p> <p>*Raw meat such as steaks, chuck, or roast must be sold frozen and in the original packaging. USDA tags must be supplied with the application. Raw seafood or fish is not allowed.</p> | \$25 | <input type="checkbox"/> |
| Temporary Limited Preparation; Risk 2 | <p>Limited Preparation: Food preparation that is restricted to assemble-serve and reheat-serve.</p> <p>(A) Limited Preparation includes steaming, boiling, or roasting hot dogs or corn; preparing beverages that are for immediate service, in response to an individual consumer order, that do not contain liquid milk products; portioning and hot or cold holding of commercially packaged bulk or single service food.</p> <p>(B) Limited Preparation does not include cooling of cooked TCS Food, cutting of fresh fruits or vegetables, or on-premise cooking and hot holding of TCS foods for later use.</p> <p><u>Examples of Approved Menu Items:</u> Snow cones, popcorn, hotdogs, cotton candy, roasted corn, coffee (without liquid milk products), cold sandwiches</p> | \$35 | <input type="checkbox"/> |
| Temporary Advanced Preparation; Risk 3 | <p>Advanced Preparation: Food preparation with multi-step handling of raw or pre-cooked ingredients including but not limited to the cooking, cooling, or re-heating of TCS Food for holding or immediate service, or where significant risk factors contributing to foodborne illness may occur as determined by the Enforcement Authority.</p> <p><u>Examples of Approved Menu Items:</u> Hamburgers, Aguas Frescas, coffee or tea with liquid milk products, burritos, any cooked meat or *seafood.</p> <p>*Raw seafood or shellfish is not allowed at temporary events.</p> | \$50 | <input type="checkbox"/> |

Important Terms

Commissary: A permanent Food Establishment that acts as a base of operations for another Food Establishment where Food is stored, manufactured, Packaged, rePackaged, or prepared and intended for human consumption.

Time/Temperature Control For Safety Food or TCS. Food that requires time or temperature control for safety to limit pathogenic microorganism growth or toxin formation; or as otherwise defined in the Food Code.

REQUEST FOR A VARIANCE

I am requesting a variance from the following requirement of the Food Service and Retail Ordinance § 9-6-1 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 Service and Retail ordinance § 9-6-1 et. seq. ROA 1994, as it relates to temporary food service establishments;
- I understand that in order to obtain a variance, I must request a variance as stated in § 9-6-1 of the Food Service and Retail Ordinance;
- 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 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: _____ | | |