



CITY OF ALBUQUERQUE  
ENVIRONMENTAL HEALTH DEPARTMENT  
CONSUMER HEALTH PROTECTION DIVISION

**MARKET 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**

- Annual Permit (April 1 – March 31): \$50**
- Late Season Permit (October 1 - March 31): \$30**

**In order to receive an Annual Permit by March 31<sup>st</sup>, applications are due by March 15<sup>th</sup>. Permits submitted after March 15<sup>th</sup> are due at least 5 business days prior to commencement of operation.**

- Permit fees are due prior to issuance of the Market Food Establishment Permit. Vendors **Shall Not** open for business prior to obtaining the Market Food Establishment Permit.
- Market Food Establishment Permits are non-transferable and **are only valid at markets within the City.**
- A Permit issued by the City **is required** to operate at any market, but **is not** an approval to participate in any specific market. Participation in a specific market is at the discretion of the Market Coordinator.

**Submit applications to the Environmental Health Department, Consumer Health Protection Division (“CHPD”) 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, 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:	
Address:	City/State/Zip:
Phone #:	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 menu consists only of whole, uncut, raw produce.  
 A copy of the **commissary's permit is required**. Commissary shall be permitted by CHPD, New Mexico Environment Department, or Bernalillo County Office of Environmental Health.  
 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**

- Do you hold an active permit with the City of Albuquerque CHPD?
  - No.
  - Yes: Please attach a copy of active CHPD permit.
- Have you been issued a Market Food Vendor Permit within the last three years?
  - No.
  - Yes: Please provide past Facility ID#: FA \_\_\_\_\_
- Is your business required to be in possession of a City of Albuquerque Business Registration (See City Ordinance §13-1-1 through 13-1-10 ROA 1994)?
  - No: Please explain why business registration is not required: \_\_\_\_\_
  - Yes: Please attach a copy of your Business Registration.
- Will potentially hazardous food be transported to markets?
  - No.
  - Yes: Please explain how the potentially hazardous food will kept at safe temperatures during transport?

**REQUIRED ATTACHMENTS**

- Copy of full menu.
- A copy of the commissary's permit, if applicable.
- Commissary agreement, if applicable.
- Copy of your City of Albuquerque business registration, if applicable.
- Copy of any active City of Albuquerque Environmental Health Department Consumer Health Protection Division permits held b the applicant/establishment, if applicable.

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

**PROHIBITED SALES: Live animals, seafood, shellfish, sushi, or sprouts.**

**RAW ANIMAL FOODS: Must be sold in the original packaging, must be sold frozen, must be USDA certified.**

**UNGRADED EGGS: The vendor must be able to provide their NMDA Egg License**

**TIME AND TEMPERATURE CONTROL FOR SAFETY FOODS: Must be prepared and packaged at the 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	LOCATION OF FOOD PREPARATION	COOKING PROCEDURES (e.g. deep fry, grill, bake, reheating)	FOOD TEMPERATURE AND HOLDING METHOD
Example: Chile Beans		Cooked on stove in booth	165°F Steam table

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**REQUEST FOR A VARIANCE**

I am requesting a variance in accordance with Albuquerque Market Food Vendor Ordinance §9-6-7-9.  
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.*)

**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 Market Food Vendor Ordinance §§ 9-6-7-1 et. seq. ROA 1994;
- 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 §§ 9-6-7-6(E)(2) ROA 1994, in order to protect the public;
- 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 in the Homemade Food Act 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 Market Food Establishment named above and its records for the purpose of enforcing §§9-6-7-1 et seq. ROA 1994.

Applicant's Printed Name: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Health Authority Signature: \_\_\_\_\_

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