



**City of Albuquerque**  
**Environmental Health Department**  
**Consumer Health Protection Division**  
 Albuquerque, NM 87103  
 T-505-768-2738 F- 505-768-2698  
[talling@cabq.gov](mailto:talling@cabq.gov)



## Seasonal Temporary Application for Growers' Market Permit Check or Cash \$50.00 Fee

Submit completed application  
 & fee through your primary  
 Growers' Market Manager

Checks to: **City of Albuquerque**  
**Environmental Health Department**  
**P.O. Box 1293**  
**Albuquerque, NM 87103**

**Please check one primary Market Location:** Downtown\_\_\_ Uptown\_\_\_ Nob Hill\_\_\_ ANEFAM\_\_\_  
 Presbyterian\_\_\_ Gold\_\_\_ Wilson\_\_\_

**(City of Albuquerque Growers' Market Permits are honored @ all Growers' Markets within Albuquerque)**

Business Name on the booth: \_\_\_\_\_

Booth Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Market Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Name of the person operating the booth: \_\_\_\_\_

Location of the Permitted Facility: \_\_\_\_\_

Business Email: \_\_\_\_\_

**Please list all food items to be sold at the Market:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Seasonal Temporary Permits consist of food products such as honey with additives, eggs, meat, seafood, and non-potentially hazardous food. The following documentation is required when selling these food items:

- Eggs- Proof of listing with NMDA
- Meat-Proof of NMLB and USDA approval
- Seafood-Proof of NMED approval

All other foods- Proof of a permitted facility from the City of Albuquerque EHD, New Mexico ED, or Bernalillo County Office of Environmental Health.

I hereby agree to abide by all requirements of the Food Sanitation Ordinance as it relates to Growers' Markets and temporary food stands. I understand that the Enforcement Authority may impose additional requirements and may prohibit the sale of some or all potentially hazardous food to protect the public. I voluntarily agree to destroy any food deemed to be unfit for human consumption or hazardous to the public health. My failure to dispose of condemned food shall be grounds for immediate closure of the food operation and forfeiture of this permit.

**Grower's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Paid by: Cash**  **Check #** \_\_\_\_\_ **Receipt Number**  **Int.** \_\_\_\_\_

**Health Authority Signature** \_\_\_\_\_ **Date Rev. 04/13**