



APPLICANT			FACILITY		
Name:			Name:		
Mailing Address: _____ _____			Facility Location: _____ _____		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone #:	Fax #:		Phone #:	Fax #:	
Owner/Applicant Signature:			Manager Signature:		
Application Date:	Expected Opening Date:		A Copy of Regulations Has Been Received. <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____		

NEW ESTABLISHMENT  EXTENSIVE REMODELING  TRANSFER OF OWNERSHIP  PROCESSOR

**ATTACHMENTS:**

FEE:  \$175  \$25  WAIVED CHECK # \_\_\_\_\_ DATE \_\_\_\_\_

OTHER NM FOOD PERMITS HELD BY APPLICANT. OWNER #: \_\_\_\_\_

**NMED USE ONLY:**

OWNER #:		FACILITY #:		TYPE:	DATE REC'D:
DIST:	FO:	STAFF:		REVIEW DATE/STAFF:	DATE OPENED:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		<input type="checkbox"/> CONDITIONS* <input type="checkbox"/> RESTRICTED*		CERT. MAIL DATE:	DATE CLOSED:

\*RESTRICTIONS/CONDITIONS/COMMENTS:

NMED APPROVING AUTHORITY: \_\_\_\_\_ DATE \_\_\_\_\_