



Temporary Food Event Sponsor Application

Directions: The director, coordinator, or sponsor of each Temporary Food Event (TFE) must complete this application and submit it to the appropriate New Mexico Environment Department (NMED) Field Office 25 days prior to operation.

Please complete each section, if the section does not apply please indicate N/A. Incomplete applications will be denied.

1. Name of Event:

2. Event Organizer Name: Phone:

3. Mailing Address:

City: State: Zip:

4. Event Organizer e-mail

Alternate phone Numbers Fax

Physical Location of Event, Address and major cross streets:

On site point of contact name and cell and office phone numbers:

7. Date(s) and Time(s) of Event:

	Day	Date	Times Start	Time End
First:				
Last:				

8. Date and Time TFE will be set up and ready for food related service inspections:

Event Meeting Location Time and Date:

Describe overhead structure provided, if any or coverings for food items:

Attach drawing of site plan view. Hand wash stations. Show trash cans, water, waste water, electrical, etc.

Drawing Attached? **YES** / **NO** (if "no" do not submit application without drawing)

Property Owner Name (where event is to be held):

Address (mailing): Phone:

Estimated Attendance: Number of Food Vendors: Estimated number of Patrons to be Served:

Describe the set-up, number, and location of toilets:

Describe the set-up, number, and location of hand washing stations:

Identify the source of the potable water supply and describe how water will be stored and distributed at the TFE. Minimum supply acceptable without calculated usage shall be 100 gallons per food service booth per day.

Describe how and where garbage/trash will be collected, stored, and disposed:

Describe how and where gray water will be collected, stored and disposed of: Minimum supply acceptable without calculated usage shall be 115 gallons per food service booth per day.

Describe how and where wastewater will be collected, stored and disposed of: Minimum supply acceptable without calculated usage shall be 115 gallons per food service booth per day.

Describe the floors, walls and ceiling surfaces, and lighting for the TFE diners:

Describe the floors, walls and ceiling surfaces, and lighting for the TFE booths in general:

Describe how electricity will be provided to the TFE: Minimum supply acceptable without calculated usage shall be 30 amps or 3600 watts per food service booth each circuit being separate..



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18. List all food and beverage vendors serving or selling food for consumption or for sampling to the general public.

Line #	Booth #	Vendor Booth Name	Remarks:	NMED Use Only				
				Process #	Remarks or Restrictions:	Approved / Adequate Supply		
						YES	NO	
1						Water Supply Approved		
2								
3						Water Supplied Each Day:		
4								
5						Cubic Yards of Garbage Capacity between pick-ups:		
6								
7								
8						Waste Water Storage Capacity:		
9								
10						Gray Water Storage Capacity		
11								
12						Total Wattage Supplied:		
13								
14						Other Services:		
15								

Approval of these plans and specifications by NMED does **not** indicate compliance with any other code, law or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the event site with equipment in place and operational may be necessary to determine compliance with state regulations governing temporary food service events. Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from NMED may nullify final approval.

Was a list of rules and requirements received by each vendor? YES / NO (circle)	Signature of Event Coordinator:	Date:
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Please return to: Local NMED Field Office. To locate the correct NMED Field Office please visit our website www.nmenv.state.nm.us/foodprogram or call: (505) 827-1840

NMED USE ONLY	Approved (circle or cross out as applicable) (List Restrictions if required)		Denied: (circle or cross out as applicable) Reasons for denial:		
	Inspector Name: (Print)		Inspectors Signature:		Date Signed:
	Permitted Event Effective Dates		Location, Date and Time for Vendor Training:		Number of Permits Required: