New Mexico Environment Department
Environmental Health Division-Food Program

Temporary Food Service Application

Directions:
The operator of each Temporary Food Establishment (TFE) must complete this application and submit it to the appropriate New Mexico Environment Department (NMED) Field Office at least 10 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 TFE/booth:

_____

2. Name of Applicant/Operator:

_____

3. Mailing Address:

_____

City: _____ State: _____ Zip: _____

4. Contact Information:

Telephone Number: (___)_____ Fax:(___)_____

E-mail: _____

5. Name of Event:

_____

6. Physical Location of Event:

_____

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

	Day	Date	Times (Opening and Closing)
First:	_____	_____	_____
Last:	_____	_____	_____

8. Date and Time TFE will be set up and ready for inspection:

_____

9. Event Organizer: _____ Phone: _____

10. Menu Items: List all foods and beverages given, served, or provided for sampling to the general public.

Main Dishes	Side Dishes	Beverages/ Dressings	Desserts/ Condiments

(Additional menu items may be attached to this application)

11. Identify the type and source (place of purchase) for each of the following:

Meat(s) _____ Source(s): _____
Dairy items: _____ Source(s): _____
Fruits: _____ Source(s): _____
Vegetables: _____ Source(s): _____
Ice: _____ Source(s): _____
Other: _____ Source(s): _____

12. Will all foods and beverages be prepared at the TFE site?
_____**Yes** _____ **No;** If **NO**, please complete #12(a) below:

12(a). Food Establishment Information (For foods prepared off-site):
Name of Establishment: _____
Type of Establishment: _____
Permit Holders Name: _____
Establishment Phone: _____

13. Describe (be specific) how frozen, cold, and hot foods will be transported to and held at the TFE: _____

_____

_ _____

14. How will food temperatures be monitored during the event:

_____

(Continued on next page)

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15. Describe the set-up, number, and location of handwashing facilities to be used by the TFE workers:

_____

_____

16. Identify the source of the potable water supply and describe how water will be stored and distributed at the TFE:

_____

_____

17. Describe where utensils and food equipment will be washed:

_____

_____

18. Sanitizer to be used: _____Concentration: _____ppm

19. Describe how and where wastewater from handwashing and utensil washing will be collected, stored, and disposed:

_____

_____

20. Describe the floors, walls and ceiling surfaces, and lighting within the TFE:_____

_____

_____

21. Describe how electricity will be provided to the TFE:

_____

22. List all major equipment used for food transportation, storage preparation, cooking, hot/cold holding, and reheating:

Type:	Use:	Certification:

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.

Signature (s) _____ Date: _____

Approval of these plans and specifications by NMED does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with state regulations governing food service establishments.

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) 476-8600

NMED USE ONLY

Approval: _____(sign) Date: _____

Restrictions: _____

_____

Denial: _____(sign) Date: _____

Reason(s) for Denial: _____

_____

Permit Effective Dates: _____

Fee Required: YES / NO (circle) Fee Received: YES / NO (circle)

Check/MO#: _____ Permit # _____