



APPLICANT			FACILITY		
Name:			Name:		
Mailing Address: _____ _____			Facility Location: _____ _____		
Email Address:			Email Address:		
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: WAIVED \$200 Food Service/Processor/Caterer/Mobile/Institution/Other
 \$100 Home-based Food Processors \$25 Late Fee 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 _____