**Application for Permit to Operate**
Food Service Establishment

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Facility Location:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Owner/Applicant Signature:</td>
<td>Manager Signature:</td>
</tr>
</tbody>
</table>

**Application Date:**
**Expected Opening Date:**

A Copy of Regulations Has Been Received.  
[ ] Yes  [ ] 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:**

<table>
<thead>
<tr>
<th>OWNER #:</th>
<th>FACILITY #:</th>
<th>TYPE:</th>
<th>DATE REC'D:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIST:</td>
<td>FO:</td>
<td>STAFF:</td>
<td>REVIEW DATE/STAFF:</td>
</tr>
</tbody>
</table>

- [ ] APPROVED  
- [ ] DENIED  
  - [ ] CONDITIONS*  
  - [ ] RESTRICTED*  
  CERT. MAIL DATE:  
  DATE CLOSED:  

*RESTRICTIONS/CONDITIONS/COMMENTS:

NMED APPROVING AUTHORITY: ___________________________ DATE ________________

Revised 02/2012