



**Bernalillo County**  
**OFFICE OF ENVIRONMENTAL HEALTH**  
 111 UNION SQUARE SE, SUITE 300  
 ALBUQUERQUE, NEW MEXICO 87102  
 (505) 314-0310 • FAX (505) 314-0470

# FOOD ESTABLISHMENT PERMIT APPLICATION

<b>Official Use Only</b>	Date Received	_____
	Check No.	_____
	Receipt No.	_____
	Permit No.	_____

*Fill in applicable blanks and mail original and a check or money order for the amount due to Bernalillo County Office of Environmental Health at 111 Union Square SE, Suite 300, Albuquerque, New Mexico 87102.*

**ESTABLISHMENT NAME**

**SITE ADDRESS, CITY, STATE, ZIP**

<b>OWNER</b>	<b>PHONE</b>	<b>FAX</b>
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**ESTABLISHMENT MAILING ADDRESS, CITY, STATE, ZIP**

<b>CONTACT PERSON</b>	<b>PHONE</b>	<b>FAX</b>
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<b>COMPANY NAME</b>	<b>PHONE</b>	<b>FAX</b>
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**COMPANY ADDRESS, CITY, STATE, ZIP** (if different from above mailing address)

**TYPE OF PERMIT**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Food Permit     | <input type="checkbox"/> New Non-Profit Food Permit | <input type="checkbox"/> Renewal Non-Profit Food Permit |
| <input type="checkbox"/> Renewal Food Permit | Non Profit ID No. _____                             | Non Profit ID No. _____                                 |

**TYPE OF FOOD SERVICE ESTABLISHMENT** (check all that apply)

**Food Service Establishment**

- |   |  |
|---|--|
| <input type="checkbox"/> Bakery                     | <input type="checkbox"/> Limited Menu                    |
| <input type="checkbox"/> Bar/Tavern                 | <input type="checkbox"/> Meal Site                       |
| <input type="checkbox"/> Bed & Breakfast            | <input type="checkbox"/> Meat Market                     |
| <input type="checkbox"/> Care Facility              | <input type="checkbox"/> Mobile Vendor (plate no. _____) |
| <input type="checkbox"/> Child Care                 | <input type="checkbox"/> Fully self-contained            |
| <input type="checkbox"/> Adult Care                 | <input type="checkbox"/> Non self contained              |
| <input type="checkbox"/> Caterer                    | <input type="checkbox"/> Produce/ Vegetable              |
| <input type="checkbox"/> Commissary                 | <input type="checkbox"/> Push Cart                       |
| <input type="checkbox"/> Convenience Store          | <input type="checkbox"/> Restaurant                      |
| <input type="checkbox"/> Delicatessen               | <input type="checkbox"/> Seafood Market                  |
| <input type="checkbox"/> Distributor/Warehouse      | <input type="checkbox"/> Seasonal                        |
| <input type="checkbox"/> Grocery                    | <input type="checkbox"/> Snack Bar                       |
| <input type="checkbox"/> Institution (school, etc.) | <input type="checkbox"/> Other: _____                    |

**Food Processing Establishment**

- Bakery
- Beverage
- Bottled Water
- Distributor/Warehouse
- Dry Food
- Jerky
- Meat (butcher)
- Refrigerated/Frozen Food
- Seafood
- Shelf Stable Food
- Shellfish
- Other: \_\_\_\_\_

**Raw Food Vending Stand**  
 (produce/ vegetable)

**Sea Food Vending Stand**

**Food and Drink Vending Machines**



Please categorize your establishment by checking one of the following boxes:

- My menu items consist of potentially hazardous foods, which require advanced preparation, several hours or days before serving/My restaurant prepares food for populations such as the elderly, very young, and ill persons. (Such as: full service restaurants, banquet halls, health care facility, schools, and youth camps.)
- My establishment has a menu involving limited preparation of potentially hazardous foods for rapid service with short holding times. (Such as: fast food restaurants, pizza parlors, bakeries and sandwich shops.)
- My establishment generally serves non-potentially hazardous food and/ or does not prepare potentially hazardous foods. (Such as: bars, taverns, ice cream parlors and donut/coffee shops.)

**BUSINESS LICENSE** (Do you currently have a Bernalillo County Business License?)

Yes       No       Pending      Business License No. (if known): \_\_\_\_\_

**WATER SUPPLY** (What is the source of your water?)

Municipal Water Supply       Individual Well  
 Account No. (if known): \_\_\_\_\_      Permit No. (if known): \_\_\_\_\_  
 Community Water Supply       Public Water Supply System Well  
 Name (if known): \_\_\_\_\_      Number/Name (if known): \_\_\_\_\_

**FEE LISTING**

Food Service Establishment (restaurant, etc.)	Annually 1/10 of 1% of Gross Sales <sup>1</sup> (Minimum \$100.00 - Maximum \$400.00)
Food Processing Establishment (bulk foods, wholesale foods)	Annually 1/10 of 1% of Gross Sales <sup>1</sup> (Minimum \$100.00 - Maximum \$400.00)
Food Processing Establishment - Meat Market	Annually 1/10 of 1% of Gross Sales <sup>1</sup> (Minimum \$100.00 - Maximum \$400.00)
Bars/Taverns	Annually 1/10 of 1% of Gross Sales <sup>1</sup> (Minimum \$100.00 - Maximum \$400.00)
Raw Food Vending Stand	Annually \$40.00
Sea Food Vending Stand	Annually \$50.00
Food & Drink Vending Machines*	Annually \$25.00 per 10 machines or fraction thereof

<sup>1</sup> See Affidavit below.

<sup>2</sup> Vending machines dispensing non-perishable or non-potentially hazardous foods are exempt.

**AFFIDAVIT OF GROSS SALES FOR PREVIOUS YEAR**

I certify that the gross sales for the above establishment was \$ \_\_\_\_\_ for the most recent calendar year beginning January 1<sup>st</sup> through December 31<sup>st</sup>.

*To determine your permit cost, divide gross sales by 1000. If the amount is less than \$100.00, you pay the minimum of \$100.00. If the amount is greater than the maximums listed above, please pay the maximum of \$400.00 as applicable. If the amount is between these two, you pay that amount. Checks or money orders should be made out to Bernalillo County Treasurer.*

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**PRINTED NAME OF OWNER OR AUTHORIZED AGENT**

**SIGNATURE OF OWNER OR AUTHORIZED AGENT**

**DATE**