



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 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): _____

12. Will all foods and beverages be prepared at the TFE site?

_____ **Yes**>> If **YES**, please complete **Attachment A**

_____ **No**>> If **NO**, please complete **Attachment A** and

#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:



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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 and garbage/ trash 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: (examples include NSF, UL Sanitation or ETL)

Sketch Sheet 1

In the following space, provide a drawing of the TFE. Identify and describe all equipment including cooking and hot/cold holding equipment, handwashing facilities, worktables, dishwashing facilities, food and utensil storage, garbage containers, and customer service areas.

Example

(Front)

[Floor Plan (View from top)]

[Floor Plan (View from top)]



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Attachment A-Food Preparation at TFE

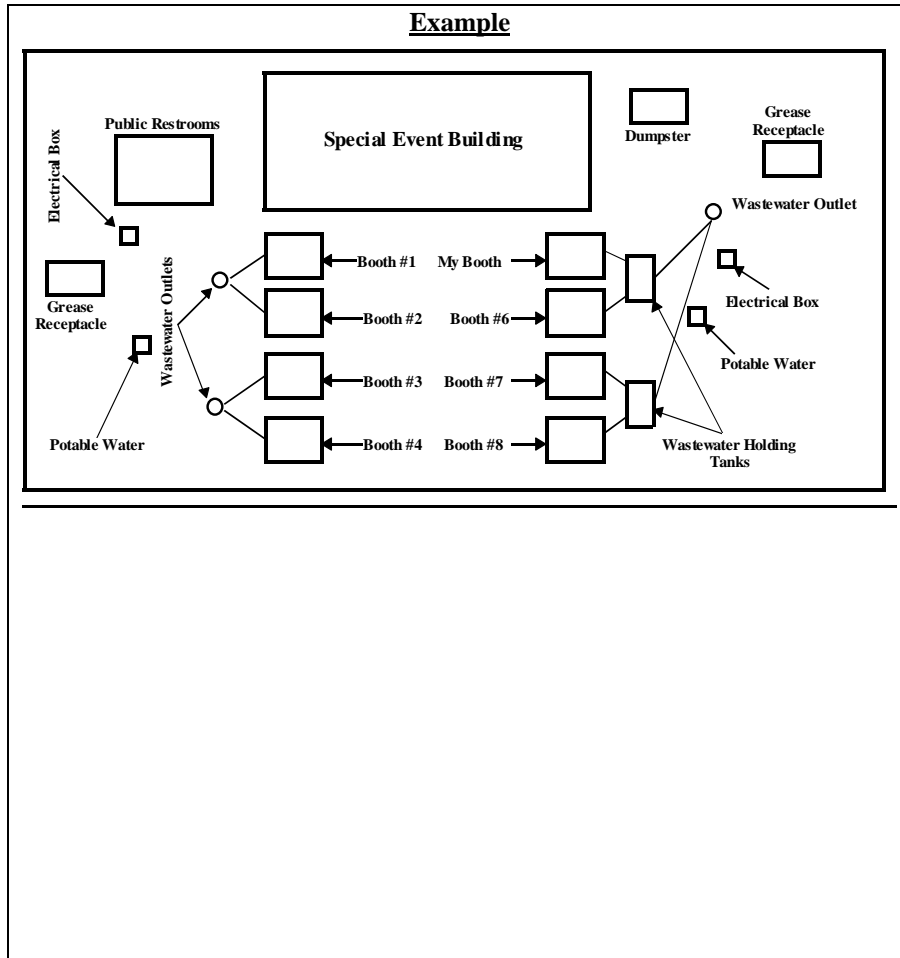
Food	Thaw How? Where?	Cut/Wash Assemble Where?	Cold Holding How? Where?	Cook How? Where?	Hot Holding How? Where?	Reheating How?
EXAMPLE: Hamburgers	Take frozen ground beef out of freezer and place in NSF refrigerator on site 1 day prior to use	Ground beef is pressed into patties at table next to 3-comp sink (see sketch 1)	Patties are returned to refrigerator until removed for use	Patties are cooked on grill to 165°F	Burgers are placed in beef broth and held on steam table until needed	Burgers that fall below 140°F for less than 1 hr are reheated on grill, anything over 1 hr is thrown away



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Sketch Sheet 2

In the following space provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, potable water supply, electrical sources, wastewater and solid waste disposal areas, and all food preparation and service areas on the grounds/site of the TFE.



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 # _____