



APPLICANT			FACILITY		
Name:			Name:		
Mailing Address: _____			Facility Location: _____		
e-mail _____			e-mail _____		
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 _____