# Application for Permit to Operate Food Service Establishment

**New Mexico Environment Department**  
**Environmental Health Division**

## Applicant

**Name:**

**Mailing Address:**  
___________________________________________  
___________________________________________  
e-mail _______________________________________

**City:**  
City:  
State:  
Zip Code:  
State:  
Zip Code:  
e-mail _______________________________________

**Phone #:**

**Fax #:**

**Owner/Applicant Signature:**

**Application Date:**

## Facility

**Name:**

**Facility Location:**  
___________________________________________  
___________________________________________  
e-mail _______________________________________

**City:**

**Phone #:**

**Fax #:**

**Manager Signature:**

**Expected Opening Date:**

**A Copy of Regulations Has Been Received.**  
☑ Yes ☐ No  
Signature:

☐ NEW ESTABLISHMENT  ☐ EXTENSIVE REMODELING  ☐ TRANSFER OF OWNERSHIP  ☐ PROCESSOR

☐ $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>
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<tbody>
<tr>
<td>DIST:</td>
<td>FO:</td>
<td>STAFF:</td>
<td>REVIEW DATE/STAFF:</td>
</tr>
<tr>
<td>☐ APPROVED</td>
<td>☐ CONDITIONS*</td>
<td>☐ RESTRICTED*</td>
<td>CERT. MAIL DATE:</td>
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</tbody>
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*RESTRICTIONS/CONDITIONS/COMMENTS:

NMED APPROVING AUTHORITY: ________________________________ DATE ________________

Revised 12/16/2009