



Application Date: \_\_\_\_\_

Section 1 - Operator Information			
Name of owner/operator:			
Phone:		Cell:	
Mailing address:		City:	State: Zip:
Email:			
Name of on-site person-in-charge:			Phone:
<b>(Provide copy of food handler card or certified manager certificate)</b>			

Section 2 - Temporary Food Event (TFE) Information					
Name of event:			Address/Location:		
			City:	State:	Zip:
Date(s) of event			Time(s) of event		
Start date:	End date:	Set-up time:	Open time:	Close time:	
Event organizer:			Organizer phone:		
Event location			Facility type		
Indoor event <input type="checkbox"/>	Outdoor event <input type="checkbox"/>	Booth <input type="checkbox"/>	Permanent building <input type="checkbox"/>	Mobile <input type="checkbox"/>	Push cart <input type="checkbox"/>

**For sections 3-10 (below) please refer to attached Table 10-1 for TFE requirements**

Section 3 - Menu		
Menu item	Place of purchase	Prepared
		Prepared on-site at TFE <input type="checkbox"/> Prepared at other location** <input type="checkbox"/> Sold commercially prepackaged <input type="checkbox"/>
		Prepared on-site at TFE <input type="checkbox"/> Prepared at other location** <input type="checkbox"/> Sold commercially prepackaged <input type="checkbox"/>
		Prepared on-site at TFE <input type="checkbox"/> Prepared at other location** <input type="checkbox"/> Sold commercially prepackaged <input type="checkbox"/>
		Prepared on-site at TFE <input type="checkbox"/> Prepared at other location** <input type="checkbox"/> Sold commercially prepackaged <input type="checkbox"/>
		Prepared on-site at TFE <input type="checkbox"/> Prepared at other location** <input type="checkbox"/> Sold commercially prepackaged <input type="checkbox"/>
		Prepared on-site at TFE <input type="checkbox"/> Prepared at other location** <input type="checkbox"/> Sold commercially prepackaged <input type="checkbox"/>

**(Additional menu items may be attached to this application)**

<b>** Food menu item prepared at other locations complete the following</b>	
Name of establishment:	Type of establishment:
Permit holder name:	Establishment phone:
Permit #:	

**(Additional locations for preparation of food items may be attached to this application)**

Section 4 - Booth Construction		
Overhead covering:	Floor:	Walls:
<i>Example: Canopy</i>	<i>Asphalt</i>	<i>Screens with ability to cover solid</i>



Section 5 - Handwashing Set-up (Hand soap, paper towels and trashcan must be provided at all set-ups)			
Type of handwashing:	How will water be heated:	Bare hand contact eliminated by:	
Container with on/off spigot and catch bucket <input type="checkbox"/> Portable handwashing sink <input type="checkbox"/> Handwashing sink w/ hot & cold running water under pressure <input type="checkbox"/>	Auxiliary heating source (i.e. burner) <input type="checkbox"/> Water heater <input type="checkbox"/> Other <input type="checkbox"/>	<b>(check all that apply)</b>	
		Dispensing units <input type="checkbox"/>	Deli tissue <input type="checkbox"/>
		Utensils <input type="checkbox"/>	Gloves <input type="checkbox"/>
		Other:	

Section 6 - Utensil Washing Set-up (Must wash with soap, rinse with water and sanitize all utensils/dishes)			
Method of utensil washing:	How will water be heated:	Type of sanitizer:	
3 Basins (i.e. bus tub) <input type="checkbox"/> 3 Compartment sink <input type="checkbox"/> 3 Compartment sink w/ hot & cold running water under pressure <input type="checkbox"/>	Auxiliary heating source (i.e. burner) <input type="checkbox"/> Water heater <input type="checkbox"/> Other:	(select) (Concentration)	
		Chlorine (bleach) <input type="checkbox"/>	___ PPM
		Quaternary ammonia <input type="checkbox"/>	___ PPM
		Iodine <input type="checkbox"/>	___ PPM
<b>(Appropriate test-strips required)</b>			

Section 7 - Utility Supply and Disposal			
Water source	Waste water disposal	Power Supply	Trash disposal
<i>Example: City water</i>	<i>Wastewater containers provided by organizer</i>	<i>Generator</i>	<i>Dumpsters available</i>

Section 8 - Equipment (Use additional sheets if needed)		
Use:	Type:	Certification: (examples include: NSF, ETL)
Transportation to event hot/cold foods (Example: Insulated container, cooler, etc.)		
Cold holding (Example: Refrigeration, prep table, etc.)		
Hot holding (Example: Steam table, grill etc.)		
Cooking/ Re-heating (Example: Grill, stove, burners etc.)		
Food thermometers (Example: Metal Stem 0-220°F)		
Other		





**Section 10 - TFE Floor Plan**

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.

<p><b>Example Floor Plan (view from top)</b></p>	<p><b>Draw your sketch here</b></p>
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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department may nullify final approval. I agree to comply with **7.6.2 NMAC -- Food Service And Food Processing Regulations** and allow the regulatory authority access to the establishment and records.

Applicant or responsible representative(s) Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Applicant or responsible representative(s) Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**NMED use only**

Approved <input type="checkbox"/> Approved with conditions* <input type="checkbox"/> Denied** <input type="checkbox"/>	TFE category: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 <input type="checkbox"/>	Date:
		Permit #:
		Permit fee required: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Permit fee received: Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Conditions of approval:

\*\*Reasons for denial:



**Table 10-1**

	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>
Menu	unpackaged non-TCS commercially processed packaged TCS in original package (receive-store-hold)	no cook (receive-store- minimum prep*-hold-serve) same day prep (receive-store- minimum prep*-cook- hold-serve) reheat commercially processed (receive-store-reheat- hold-serve)	complex food prep (receive-store-prep-cook- cool-reheat-hot hold-serve) OR serving highly susceptible population
Handwashing	gravity fed <= 4 hrs. - insulated container or auxiliary heating source > 4 hrs. - auxiliary heating source	same as Type 1	hot & cold running water under pressure
3- Compartment Sink	unpackaged non-TCS <= 4 hrs. - 3-comp or extra utensils > 4 hrs. - 3-comp required packaged TCS: not required	same as Type 1 unpackaged non-TCS	3-comp required w/ hot & cold running water under pressure
Refrigeration	unpackaged non-TCS: not required packaged TCS: <= 1 day - insulated ice chest w/drainage 2-3 days - mechanical equipment > 3 days - mechanical ANSI equipment only	same as Type 1 packaged TCS	mechanical ANSI equipment only
Cold holding (e.g., prep table, display case)	unpackaged non-TCS: not required packaged TCS: ice bath 2-3 days - mechanical equipment recommended > 3 days - mechanical ANSI equipment recommended	same as Type 1 packaged TCS	same as Type 1 packaged TCS
Hot holding	not allowed	covered non-ANSI equipment allowed**	covered ANSI equipment only
Cooking/ reheating	not allowed	covered non-ANSI equipment allowed**	covered ANSI equipment only
Flooring	grass; smooth, durable, easily cleanable such as: concrete, machine- laid asphalt, Sealed wood, tile, impermeable tarp	<= 2 days - same as Type 1 > 2 days - same as Type 1, no grass	<= 3 days - same as Type 1, no grass > 3 days - constructed flooring
Walls	unpackaged non-TCS <= 3 days - no sides, ability to cover solid > 3 days - 3.5 side screening, ability to cover solid packaged TCS: not required	<= 1 day - no sides, ability to cover solid 1 to 3 days - 3.5 side screening, ability to cover solid > 3 days - complete enclosure w/approved opening	complete enclosure w/approved opening
Training	as required by regulatory authority	as required by regulatory authority	Certified food protection manager required