Date:____________________

City of Albuquerque
Environmental Health Department
Consumer Health Protection Division
Fax: (505) 768-2698
P.O. Box 1293
One Civic Plaza NW #3027
Albuquerque, NM 87103

To Whom It May Concern:

___________________________________(school & group in charge of event) is hosting_______________________
(event name)
on____________.
(date & time)

Approximate expected attendance:______________________

We understand that a Temporary Event Permit for Food Service is required for this event.

Permission has been granted by _____________________________ to sell food at the above event at ___________________.
(principal) (School)

_________________________________________(principal)__________________________(signature)
(please print)

For use only if the school kitchen will be used during the above event:

Permission has been granted by _____________________________ to use the cafeteria kitchen for food preparation in order
(Cafeteria Supervisor)
to comply with city ordinance food safety requirements.

A certified cafeteria supervisor will be available to supervise preparation and procedures, and paid for his/her services by
the hosting organization.

_________________________________________(cafeteria supervisor)__________________________(signature)
(please print)

I have received and read the City of Albuquerque Environmental Health Department regulations
___________________________________________(hosting organization)

Revised 9/2010