



**FOOD AND NUTRITION SERVICES**

Sandra Kemp BS, SNS  
Executive Director

Raquel Reedy  
SUPERINTENDENT

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 10/26/16**