



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
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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