BAKE SALE REGISTRATION APPLICATION

Name of Organization: ____________________________________________________________

Person in Charge: ________________________________________________________________

Home Address: _____________________________________________________________________

Telephone Number: __________________________________________________________________

Location of Bake Sale: ______________________________________________________________

Date(s) of Bake Sale: __________________________________________________________________

Type of baked goods to be sold: _____________________________________________________

________________________________________________________________________________

I do hereby agree to abide by all the requirements of the Bernalillo County Health and Sanitation Ordinance as it relates to the sale of Home Baked Goods. I also understand that the sale of potentially hazardous foods is prohibited with a Bake Sale Registration. Failure to comply with these requirements is grounds for immediate closure of the bake sale.

__________________________________________________________  _________________________
Applicant’s Signature                                     Date

BAKE SALE REGISTRATION

This organization has been issued a Bake Sale Registration for baked items only. This food was prepared in a kitchen that is NOT subject to regulation and inspection by Bernalillo County. The following public health standards must be observed in order to receive and maintain approval for any type of Bake Sale.

1. No potentially hazardous foods, such as cream pies or éclairs, are allowed.

2. All baked goods must be wrapped or packaged to protect them from possible contamination.

3. Food handlers must observe personal hygiene requirements:
   a. Wash hands before preparing baked items.
   b. Wear a hair restraint (hair net, ball cap, etc.) when preparing and packaging baked goods.
   c. Do not touch baked goods with bare hands when packaging.

__________________________________________________________  _________________________
Health Protection Representative                               Date