Bernalillo County Planning and Development Services
Health Protection

Application for Permit Home-based Food Processing

APPLICANT

Name (Owner/Applicant):			Business Name:		
Mailing Address:			Site Address (if different):		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:			Fax:		
Email Address:					

Water Supply - What is the source of your water?	Waste Water - How is your wastewater disposed?
☐ Municipal/Community Water Supply: Account Number:_____	☐ Municipal System Account Number:_____
☐ Individual Well Permit Number:_____	☐ Onsite Wastewater Permit Number:_____

Bernalillo County Business License Number:_____ Expires:_____

Permit Fee: $50

By opting to become permitted, the permitted Home-Based Food operator expressly grants Bernalillo County the right to enter the domestic residence housing the Home-Based Food Operation during normal business hours, or at other reasonable times, for the purposes of inspection including the collection of food samples.

Owner/Applicant Signature:	Application Date:

FOR OFFICIAL USE ONLY

Payment Method: ☐ Credit / Debit Card (Expiration Date):_____ ☐ Check (Number):_____

Date Received:	Receipt Number:	Permit Number:
Staff Assigned To:	☐ Approved ☐ Denied	☐ Conditions * ☐ Restrictions *

*Conditions/Restrictions/Comments:

OHSS Staff Approved:_____Date:_____