Farmers & Crafts Market of Las Cruces, Inc.

Application Form

(PLEASE PRINT)

**Food Truck/ Trailer / Booth**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vendor Name: | | | | | Date: | | | | | |
| Business Name: | | | | |  | | | | | |
| Mailing Address: | | | | | | | | | | |
| City: | | | | | State: | | | | Zip: | |
| Physical Address:  **NO PO Boxes** | | | | | | | | | | |
| City: | | | | | State: | | | | Zip: | |
| Phone Number: | | Email: | | | | | | | | |
| NM County of Residence: Dona Ana only | | | | | | | | | | |
| Physical Residence Documentation:  **EXAMPLE: Driver License, Utility Bill, Rental Lease, or Stated Other; NO PO BOX ADDRESSES** | | | | | | | | | | |
| Emergency Contact: | | | | | | Phone: | | | | |
| Truck/ Trailer Length: | | |  | | | | |  | | |
| Power Source: | 220 | | | 110 | | | **Generators Not Permitted** | | |  |
| Serving Window Side: | Driver Side | | | Passenger Side | | |  | | |  |

**Mark the business type that best describes your business:**

|  |  |  |
| --- | --- | --- |
| Corporation | Individual | LLC |
|  | Partnership |  |

|  |  |  |
| --- | --- | --- |
| Are you currently reporting NM Gross Receipt taxes? | Yes | No |

**Attach copies of the following documents:**

|  |  |
| --- | --- |
| General Food Liability Insurance (1 Million) | NM BTIN |
| Auto Liability Insurance (Truck 1M) (Trailer 500K) | Fire Inspection Sticker/ NMED Permit to Operate |
| Workers Comp Statement (Are you required to file or not) | Food Handlers Card for all help |
| Business Registration (City of Las Cruces/ Dona Ana County) | Menu |
| Photo of Truck/Trailer | P2 Letter (if required) |

|  |  |  |
| --- | --- | --- |
| Vendor Product Integrity Committee Review | Reviewer’s Name | Date of Review |
| Vendor Product Integrity Committee Review | Reviewer’s Name | Date of Review |

**Revised 1/26/2022**

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