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 |
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**Revised 1/26/2022**

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