Print Form

KALAMAZOO COUNTY ENVIRONMENTAL HEALTH BUREAU
3299 GULL ROAD, P.O. BOX 42 NAZARETH, MI 49074-0042
PH: 269-373-5210 FAX: 269-373-5333
Website: www.kalcounty.com/eh

Request for Procedure/Equipment Variance

Name of Establishment _____
Address of Establishment _____
Owner (Print) _____
Mailing Address _____
Telephone number(s) _____

I would like to request a procedure variance to the Michigan Food Law 2000.

How will the proposed procedure vary from the Michigan Food Law 2000 requirements? (Include Food Code Reference Numbers)_____

_____
_____
_____
_____
_____

Why do you feel the procedure should have a variance? (Provide attachments if necessary)_____
_____
_____
_____

Do you agree to meet the requirements of the Michigan Food Law 2000 if any of the following occur?

A. Sanitation problems
B. Equipment, procedures or menu changes.
C. Problems are identified during routine inspections.

Other comments or data to support the variance request:
_____
_____
_____

Signature of person requesting variance_____Date _____

Reviewed by _____ Date _____

Action: _____Approved _____Denied, Date _____

Kalamazoo County Health & Community Services