



# KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

## Variance Request Form

Facility Name: \_\_\_\_\_

License Number: 2539 \_\_\_\_\_

Facility Address: \_\_\_\_\_

License Type (Circle one):

Name: \_\_\_\_\_

SFE    SST    SMF

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Which section of the Food Code do you wish to vary from and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What alternative methods will be put in place and how will they address any hazards?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a HACCP plan or other supporting materials are required for this variance, please include them with this submittal.

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Action: \_\_\_\_\_ Approved    \_\_\_\_\_ Denied

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

Revision 2.1

**HEALTH AND COMMUNITY SERVICES DEPARTMENT**  
Environmental Health

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