



Variance Request Form

Facility Name: _____
Facility Address: _____
Name: _____
Phone Number: _____
Email Address: _____

License Number: 2539 _____
License Type (Circle one):
SFE SST SMF
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.

Signature of Owner or Authorized Agent: _____ Date: _____

FOR OFFICE USE ONLY

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Action: _____ Approved _____ Denied

Reason for Denial:

