

## APPLICATION FOR VARIANCE OR COMPARABLE COMPLIANCE

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

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

DBA: \_\_\_\_\_

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

Mailing Address (If Different): \_\_\_\_\_

Existing Establishment  New Establishment:  Change of Ownership  (Check one)

Current License Issued By: HFS  DATCP  Agent  (City or County) (Check one)

License Number: \_\_\_\_\_ Agent Name \_\_\_\_\_

Request Variance or Comparable Compliance From (List Sections):

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

Reason Variance or Comparable Compliance is Requested:

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

\_\_\_\_\_  
Signature of Environmental Health  
Specialist or Inspector

\_\_\_\_\_  
Signature of Applicant  
or Authorized Agent

\_\_\_\_\_  
Signature of EHS or Insp. Supervisor

Attach scale drawing and HACCP plan to application. If applicable, show location of equipment and all plumbing fixtures. Drawings and supporting documents should be submitted on 8½x 11 paper or in triplicate if blueprints.