

Retail Food Program Ordinance/Food Code Variance Request

Applicant Name _____ Permit # _____

Establishment Name _____

Establishment Address _____

E-mail _____ Fax _____

Work Phone _____ Cell Phone _____

The Champaign-Urbana Public Health District (CUPHD) and Champaign County Public Health Department (CCPHD) may grant a variance to modify or waive the requirements of the Retail Food Program Ordinance (Section 3-13) or the Food Code (Section 3-502.11), if, in the opinion of the regulatory authority, a health hazard or nuisance will not result from the variance.

Instructions on reverse side

- 1) I hereby request the approval of a variance from the requirements of the CUPHD/CCPHD Retail Food Program Ordinance or Food Code Section (include section number and title):

- 2) Variance by (*check one*): modifying OR waiving the requirement.

- 3) Variance requested: _____

- 4) Reason(s) for seeking a variance from the ordinance or code requirement: _____

- 5) Methods to assure public health protection if this variance is approved: _____

(for additional space use reverse side)

For CUPHD/CCPHD use only

Request reviewed by: _____ Supervisor review (required): _____

Recommendation: Approved Rescinded Denied Date: _____

Comments: _____
