

# 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Recommendation:  Approved  Rescinded  Denied Date: \_\_\_\_\_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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **Retail Food Program Ordinance/Food Code Variance Request Instructions for Completion**

*Refer to numbered sections on reverse side of page*

- 1) State the particular ordinance or code section with name, such as 3-502.11.  
Provide justification for and documentation of the proposed variance.
  
- 2) Decide whether the requested variance is going to modify or waive the requirement.
  
- 3) Describe the condition, equipment or procedures you wish to have approved.
  
- 4) Describe/state why you need this variance. Why can you not comply with the Retail Food Program Ordinance or Food Code?
  
- 5) Provide the rationale for the variance request. What characteristics or conditions of the site, equipment or procedures will provide an equivalent level of public health protection?  
Include alternative procedure, equipment schedules, microbial challenge study, or other supporting information that will allow CUPHD/CCPHD to make an informed decision. If the variance is needed only for a limited time, state when the corrections will be made to bring the establishment into conformance with the Retail Food Program Ordinance or Food Code.

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**Champaign-Urbana Public Health District**  
**Champaign County Public Health Department**  
201 W. Kenyon Road, Champaign, IL 61820  
Phone: (217) 373-7900 or (217) 363-3269  
Fax: (217) 373-7905  
[www.c-uphd.org](http://www.c-uphd.org)