LIVINGSTON COUNTY HEALTH DEPARTMENT
2300 East Grand River Avenue, Suite 102
Howell, Michigan 48843-7578
www.milivcounty.gov/health

Personal and Preventive Health Services
P: (517) 546-9850
F: (517) 546-6995

Environmental Health Services
P: (517) 546-9858
F: (517) 546-9853

Variance Request Form

Establishment Information			
Establishment Name:	License Number:		
Street Address:	City:	State:	Zip:
Phone:	E-Mail:		

Applicant Information			
Name:			
Street Address:	City:	State:	Zip:
Phone:	E-Mail:		

Owner Information	**Same as applicant:** ☐		
Name:	Title:		
Street Address:	City:	State:	Zip:
Phone:	E-Mail:		

Statement of Proposed Variance (attach additional pages or information as necessary)
Provide a Statement of the proposed variance to the Food Code. Cite relevant Food Code section number(s).

Statement of Proposed Variance (attach additional pages or information as necessary)
Provide an explanation of the alternative to the Food Code requested. Provide an analysis of the rationale and justification for how the potential public health hazards addressed by the applicable rules/code sections will be alternatively addressed by the proposal.

Similar Variance
Has a similar variance been issued to another food establishment under the same ownership?

☐	No
☐	Yes (please provide a copy of approved variance)

Attach the Following (if applicable)

☐	HACCP Plan
☐	Equipment Specification Sheets
☐	Manufacturer's instructions for installation, maintenance and cleaning
☐	Standard Operating Procedures (SOPs)
☐	A floor plan drawn to scale of the existing and proposed equipment
☐	Additional scientific data or other information supporting the determination that food safety is not compromised by the proposal
☐	Similar approved variance

Applicant Signature
You will be notified if the food service variance application is incomplete. In addition, once a determination is made you will be notified if the food service variance request is approved; approved with conditions; or denied. If you have any questions about the variance process, please contact this office.

I certify that the food service variance application package submitted is accurate to the best of my knowledge.

Applicant Signature:	**Date:**
Name and Title (please print):	

Office Use Only	
☐	**APPROVED**
☐	**APPROVED WITH CONDITIONS**
☐	**Denied**

Conditions/Comments:	
Review by:	**Date:**

Fee:	**Check Number/Credit Card Auth:**
Date:	**Receipt Number:**
Variance Number:	**Remarks:**