

Request for Variance

Date:

Retail Food License Number:

Retail Food Establishment (RFE)/Organization Name:

Physical Address:

City:

State:

Zip:

*If applying for multiple locations, please attach a list of facilities.

Person in Charge (Owner):

Phone:

Email Address:

Code Section for which Variance is Being Requested:

Reason for Variance:

Undue Economic Hardship

Cost of Compliance:

Code Section Does Not Apply

Other (please explain)

Please submit, with all supporting documentation, to: eh@sjbpublichealth.org