



**IDAHO FOOD CODE
VARIANCE REQUEST**

Applicant: _____ Title: _____
Facility Name: _____ Owner: _____
Facility Mailing Address: _____

Site Address: _____

Work Phone: _____ Home Phone: _____
Cell Phone: _____ Fax: _____
Email: _____

Variance to the Idaho Food Code (8-103.10). Additional documentation may be attached.

Why can the designated provision in the Idaho Food Code **NOT** be met?

How will the proposed procedure/method vary from the provision in the Idaho Food Code?

Identify significant public health risks and proposed control methods that may arise from an issuance of a variance.

Signature of person requesting variance: _____ Date: _____

****Health Official Use Only****

Reviewed by: _____ Date: _____

Comments: _____

Action: Approved ☐ Denied ☐

Total fee due: \$ _____ Date Paid: _____ Receipt #: _____

(\$50/hr)

Reviewer Signature: _____ Date: _____