



IDAHO FOOD CODE VARIANCE REQUEST

Applicant Name: _____ Applicant Title: _____

Establishment Name: _____ Establishment Number: _____

Establishment Mailing Address: _____

Establishment Site Address: _____

Additional establishment locations may be listed on the reverse page.

Work Phone: _____ Cell Phone: _____ Email: _____

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

Food Code Number: _____

Provide an explanation why the variance is necessary for the designated code:

Identify the public health risks that may arise from the issuance of this variance:

Describe the proposed control methods or procedures that will address these public health risks:

Note: This variance only applies to the code cited above and does not allow the establishment to waive any other requirements described in the Idaho Food Code. Failure to comply may result in regulatory action (8-103.12).

Applicant Signature: _____

Date: _____

Health Official Use Only

Reviewed by: _____

Date: _____

Comments:

Approved

Denied

Signature of Approver: _____

Date: _____

All facilities operating under this variance must retain a copy of this approved form:

Establishment Name: _____ Establishment Number: _____

Establishment Mailing Address: _____

Establishment Site Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Establishment Name: _____ Establishment Number: _____

Establishment Mailing Address: _____

Establishment Site Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Establishment Name: _____ Establishment Number: _____

Establishment Mailing Address: _____

Establishment Site Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____

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Work Phone: _____ Cell Phone: _____ Email: _____

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Work Phone: _____ Cell Phone: _____ Email: _____

Establishment Name: _____ Establishment Number: _____

Establishment Mailing Address: _____

Establishment Site Address: _____

Work Phone: _____ Cell Phone: _____ Email: _____