

FOOD CODE VARIANCE

Food Service Establishment Application

Submittal Date	Memo Number	Review Fee

Please see the [Environmental Health Fee Schedule](#) for current fees.

FOOD SERVICE ESTABLISHMENT INFORMATION		
Food establishment name		
Customer Identification Number (e.g. KC0000, BR0000)		
Establishment street address (Mobile units/caterers use kitchen information)		
City	State	Zip code

APPLICANT INFORMATION		
First and last name	Contact phone	
Mailing street address	<input type="checkbox"/> Same as establishment address	
City	State	Zip code
Email address		

FOOD CODE VARIANCE REQUEST
<p>I hereby request the approval of a variance from the requirements of the Washington State Retail Food Code, Section (include section number and title): _____</p> <p>_____</p> <p>Reason(s) for seeking a variance from this code requirement: _____</p> <p>_____</p> <p>Methods to assure public health protection if this variance request is approved: _____</p> <p>_____</p> <p>_____</p>

CERTIFICATION AND ACKNOWLEDGMENT		
<p>By signing this document, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:</p> <p><input type="checkbox"/> The Washington State Retail Food Code (Chapter 246-215 WAC), Section 08110 through 08120 allows the Kitsap Public Health District to waive or modify provisions of the code if in the opinion of the health district a health hazard or nuisance will not result from the variance.</p>		
Owner/ Applicant name printed	Owner/ Applicant signature	Date

HEALTH DISTRICT REVIEW		
EVALUATION CRITERIA	Yes	No
HACCP Plan required by Food Code Sections 03535, 04244, or 03400(4)(d)?	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has provided justification for variance request?	<input type="checkbox"/>	<input type="checkbox"/>
Applicant has addressed public health risks that may result from approval of this variance request?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH DISTRICT DECISION		
Request reviewed by: _____		
Supervisor review (required): _____		
Recommendation:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Date: _____

