



Winnebago County

Health Department

555 North Court Street, Rockford, IL 61103
Mail to: P.O. Box 4009, Rockford, IL 61110-0509
Phone: (815) 720-4100 Fax: (815) 720-4203
Email: environmental@publichealth.wincoil.gov
Website: publichealth.wincoil.gov

FOR OFFICE USE ONLY	
Date:	_____
Amt. Rec'd:	_____
Check/Cash/Credit/E-PAY:	_____
Receipt No.:	_____
Permit No.:	_____

Food Service Variance Request

Variance Request Fee: \$75.00

Establishment Name: _____ Establishment Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Owner/Requestor: _____ Phone Number: _____
 Owner Address: _____ Ste/Apt: _____
 City: _____ State: _____ Zip Code: _____
 Owner Email: _____

Reason(s) for Variance Request:

<u>Section Number</u>	<u>Requirement</u>	<u>Alternative Variance Proposal</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Approved Denied Staff Signature: _____

2017 FDA Food Code

Variations

8-103.10 Modifications and Waivers.

The REGULATORY AUTHORITY may grant a VARIANCE by modifying or waiving the requirements of this Code if in the opinion of the REGULATORY AUTHORITY a health HAZARD or nuisance will not result from the VARIANCE. If a VARIANCE is granted, the REGULATORY AUTHORITY shall retain the information specified under § 8-103.11 in its records for the FOOD ESTABLISHMENT.

8-103.11 Documentation of Proposed Variance and Justification.

Before a VARIANCE from a requirement of this Code is APPROVED, the information that shall be provided by the PERSON requesting the VARIANCE and retained in the REGULATORY AUTHORITY'S file on the FOOD ESTABLISHMENT includes:

- (A) A statement of the proposed VARIANCE of the Code requirement citing relevant Code section numbers;^{Pf}
- (B) An analysis of the rationale for how the potential public health HAZARDS and nuisances addressed by the relevant Code sections will be alternatively addressed by the proposal; ^{Pf} and
- (C) A HACCP PLAN if required as specified under ¶ 8-201.13(A) that includes the information specified under § 8-201.14 as it is relevant to the VARIANCE requested. ^{Pf}

8-103.12 Conformance with Approved Procedures.

If the REGULATORY AUTHORITY grants a VARIANCE as specified in § 8-103.10, or a HACCP PLAN is otherwise required as specified under § 8-201.13, the PERMIT HOLDER shall:

- (A) Comply with the HACCP PLANS and procedures that are submitted as specified under § 8-201.14 and APPROVED as a basis for the modification or waiver; ^P and
- (B) Maintain and provide to the REGULATORY AUTHORITY, upon request, records specified under § 8-201.14 (D) and (E)(3) that demonstrate that the following are routinely employed;
 - (1) Procedures for monitoring the CRITICAL CONTROL POINTS, ^{Pf}
 - (2) Monitoring of the CRITICAL CONTROL POINTS, ^{Pf}
 - (3) Verification of the effectiveness of the operation or process, ^{Pf} and
 - (4) Necessary corrective actions if there is failure at a ^{Pf} CRITICAL CONTROL POINT.

*Submit completed request, supporting documents, and request fee to the Winnebago County Health Department by one of the following methods:
In Person: 555 N. Court St., Rockford IL · Mail: P.O. Box 4009, Rockford, IL 61110-0509 · Email: environmental@publichealth.wincoil.gov
Fee may be paid with cash, check, card, or on E-PAY at: <https://publichealth.wincoil.gov/how-do-i-get-a-permit-or-license/>*