

LaSalle County Health Department

Food and Drink Facilities Variance Request Form

When requesting a variance from our Department, you are asking for permission to conduct a specialized food process or for some other change to your operation that varies from the Code. Varying the Code may present a danger to public health, and therefore an "approved" variance is required. Specialized processes can include : smoking, curing, sprouting, fermentation, drying, operating a raw molluscan shellfish tank life support tank, using food additives to render a food not potentially hazardous, using reduced oxygen packaging, and custom processing of animal. Each variance request for a specialized processing method MUST be accompanied by a HACCP plan.

A request for variance from the requirements of the LaSalle County Food Ordinance or the Illinois Department of Public Health Food Code will only be considered if the form is filled out completely. Approval will only be granted if, in the opinion of the Health Authority, the reasoning for variance is sound and variance request will not create a health hazard or nuisance condition.

Variance requests will be processed and approved or denied within **20** working days.

1. Name of Facility: _____

Street Address: _____

City: _____ State: Illinois Zip Code: _____

Phone: _____ Fax: _____

Email: _____

2. Licensee/Owner: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

3. List the Section number(s) and portion of the Code that the variance from compliance is being requested:

I am requesting variance for outdoor cooking, and/or a bar.
Please include menu. (If marked move to question 4)

4. Explain specific reason(s) why compliance with the Code is impossible or impractical at this point in time (with the relative sections noted) and cannot currently be met. _____

5. What Practices will be put in place to prevent potential public health hazards and nuisances : _____

6. Submit/attach HACCP Plans if required.

Owner/License Holder Signature: _____ Date: _____