



**APPLICATION FOR A VARIANCE OR HEALTH DEPARTMENT APPROVAL
FOR SPECIALIZED PROCESSES, PRACTICES OR CONDITIONS**

OFFICE OF THE CITY CLERK, LICENSE DIVISION
CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 • license@milwaukee.gov • www.milwaukee.gov/license

New Applications: Submit this form with the Food Dealer / Food Peddler application.
If submitted after the initial new license application, a \$75 fee applies.

Applicant Information

Legal Entity Name:

Premise Address:

Variance/Department Approval Requested

Department approval or a variance to the WI Food Code or local ordinances is required for the activities listed below.
Indicate approvals/variances being requested (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Acidification of food such as rice | <input type="checkbox"/> Fermenting foods | <input type="checkbox"/> Shellfish - comingling |
| <input type="checkbox"/> Bare hand contact to ready to eat foods | <input type="checkbox"/> Non-continuous cooking | <input type="checkbox"/> Shellfish -display tanks |
| <input type="checkbox"/> Bathrooms not accessible to the public | <input type="checkbox"/> Peddler base waiver | <input type="checkbox"/> Smoking for preservation |
| <input type="checkbox"/> Convenience store safety requirements | <input type="checkbox"/> No person in charge | <input type="checkbox"/> Sprouting |
| <input type="checkbox"/> Curing | <input type="checkbox"/> Reduced oxygen packaging | <input type="checkbox"/> Wild game |
| <input type="checkbox"/> Dogs in outside dining areas | <input type="checkbox"/> Sale without consumer advisory | |

Other (including construction and design), specify

General description of the variance being requested and why the request is needed:

Ordinance(s) or WI Food Code requirement(s) for which approval or a variance is being requested:

List additional steps that will be taken to address potential public health hazards and nuisances.

Describe here or submit a plan with the application, such as a HACCP (Hazard Analysis & Critical Control Points) plan:

Signature Required on Reverse Side

OFFICE USE ONLY

Initials	Date	Application #	Fee Paid
HD Approval	ALD Approval	License #	

Affirmation of Understanding

I understand that I must pay the fee before my request will be reviewed. I understand that the Health Department has up to 30 days from the date my application is submitted to review it. Certain variance requests require approval by the State of Wisconsin. These must be sent to the State by the Health Department. (Do not submit requests directly to the State, they will not be accepted.)

I acknowledge that Health Department approval of the variance or approval may be conditional and failure to comply with the conditions of approval may result in the variance or approval being revoked. Determination of whether or not the conditions of approval are being met will be assessed as part of routine inspection.

I acknowledge that department approvals or variances are valid for five years from the date of issuance. I must reapply if I wish to renew my variance or department approval. I acknowledge that compliance with the WI Food Code and the requirements of Chapter 68 of the Milwaukee Code of Ordinances is a condition of approval. Noncompliance may result in revocation of my variance or department approval.

Signature of Sole Proprietor, Partner, 20% or more Shareholder or Agent

DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY

APPROVALS

Consumer Environmental Health Coordinator or Supervisor Recommendation		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
		<input type="checkbox"/> Approved with Conditions	
HACCP Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	HACCP Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments/Conditions			
CEH Coordinator or Supervisor Signature		Date Reviewed	
Consumer Environmental Health Director Decision (if required)		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
		<input type="checkbox"/> Approved with Conditions	
Director Comments			
CEH Director Signature		Date Reviewed	
State Review Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted	
State Review Outcome	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Conditions	Date State Reviewed	