

APPLICATION FOR VARIANCE OR COMPARABLE COMPLIANCE

Date: _____

Applicant Name: _____

DBA: _____

Address: _____

Mailing Address (If different): _____

Existing Establishment New Establishment: Change of Ownership (Check one)

Current License Issued By: DHFS DATCP Agent Health Dept. (City or County)
(Check one)

Facility ID No.: _____ Agent Name _____

Request Variance or Comparable Compliance From (List Sections of the WI Food Code): Use separate form for separate variance requests
3-502.11

Reason Variance or Comparable Compliance is Requested:

Signature of Environmental Health
Sanitarian or Inspector

Signature of Applicant
or Authorized Agent

Signature of EHS/Inspector Supervisor

Attach scale drawing and HACCP plan to application. If applicable, show location of equipment and all plumbing fixtures. Drawings and supporting documents should be submitted on 8½x 11 paper or in triplicate if blueprints.