



**HOUSTON HEALTH DEPARTMENT**  
**CONSUMER HEALTH SERVICES**  
 8000 North Stadium Drive, 2<sup>nd</sup> Floor  
 Houston, TX 77054  
 832-393-5100

Request for a Variance / Exemption

1. Establishment Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Permit Number: \_\_\_\_\_
4. Contact Name: \_\_\_\_\_
5. Contact Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

6. Type of Variance and Houston Food Ordinance Section Affected:

- |  |                  |  |                  |
|--|------------------|--|------------------|
| <input type="checkbox"/> Smoking of Food                             | 20-21.4(1)(1)(A) | <input type="checkbox"/> Live Molluscan Shellfish Tank | 20-21.4(1)(1)(E) |
| <input type="checkbox"/> Food Additives                              | 20-21.4(1)(1)(C) | <input type="checkbox"/> Reduced Oxygen Packaging      | 20-21.4(1)(1)(D) |
| <input type="checkbox"/> Curing of Food                              | 20-21.4(1)(1)(B) | <input type="checkbox"/> Custom Processing of Animals  | 20-21.4(1)(1)(F) |
| <input type="checkbox"/> Shellstock Identification                   | 20-21.1(b)(2)    | <input type="checkbox"/> Sprouting Seeds or Beans      | 20-21.4(1)(1)(H) |
| <input type="checkbox"/> Under-Cooking Animal Foods 20-21.4(c)(4)(b) |                  |  |                  |
| <input type="checkbox"/> Other _____                                 |                  |  |                  |

Each variance requires an independent application. Requests for variance are covered under Houston Food Ordinance 20-21.4(1) and 20-21.19(e). The entire Houston Food Ordinance can be viewed at [https://library.municode.com/tx/houston/codes/code\\_of\\_ordinances?nodeId=COOR\\_CH20FODR](https://library.municode.com/tx/houston/codes/code_of_ordinances?nodeId=COOR_CH20FODR).

I hereby certify that the above information is correct. I have provided all relevant material to the best of my ability. I understand until this variance is granted I may be asked to cease operations that require a variance. I understand that by submitting this application in no way guarantees that my variance will be approved. I understand that if this variance is approved it will be subject to field review and may be revoked for nonconformance with the requirements imposed by the Houston Food Ordinance and the Health Officer.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**This form may be emailed to [CHS@houstontx.gov](mailto:CHS@houstontx.gov) or received in our Permit Office at 8000, N. Stadium Dr., 77054.**