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:


   [ ] Under-Cooking Animal Foods 20-21.4(c)(4)(b)

   [ ] Other _______

Each variance requires an independent application. Requests for variance are covered under Houston Food Ordinance 20-21.4(l) 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.

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

This form may be emailed to CHS@houstontx.gov or received in our Permit Office at 8000, N. Stadium Dr., 77054.