

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

Permit Number: \_\_\_\_\_

Phone: (806)-378-9472  
Fax: (806)-378-3585



Receipt #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

TDD: (806)-378-4229  
ehealth@amarillo.gov

# Amarillo Area Public Health District

## Variance Request Form

Fee: \$213

Name of Establishment: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Contact: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### VARIANCE INFORMATION

Type of Variance: *(Please attach additional pages if needed)*

- Using Food Additives – for preservation       Sprouting Seeds or Beans       Custom Processing of Animals
- Smoking Food – for preservation       Live Molluscan Shellfish Tank       Curing Food
- Reduced Oxygen Packaging (ROP)       Other: \_\_\_\_\_

**Modifications or waivers to the Texas Food Establishment Rules require justification and documentation**

- A. Describe the proposed variance: \_\_\_\_\_
- \_\_\_\_\_
- B. Give an example of what you would like to do: \_\_\_\_\_
- \_\_\_\_\_
- C. Write the Section Number(s) of the Texas Food Establishment Rules that will be effected: \_\_\_\_\_
- D. Provide an analysis of the rationale for how public health hazards and nuisances will be addressed and prevented (lab testing, etc.): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (FOR OFFICE USE ONLY)

The following information is needed: \_\_\_\_\_

- Variance Approved       Variance Not Approved

Environmental Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_