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| F-fd-20.docx (New 2/17) |
| C:\Users\mackesl\Desktop\FORMS\DATCPlogo_1in_g.jpg | Wisconsin Department of Agriculture, Trade and Consumer Protection*Division of Food and Recreational Safety,* PO Box 8911, Madison, WI 53708-8911Phone: (608) 224-5036 Fax: (608) 224-4710 |
| VARIANCE APPLICATION | Wis. Stat. ch. 97 |
| **Only the Licensed Individual or Married Couple or Legally Authorized Representative of the Licensed Legal Entity May Submit This Application, With Only a Single Variance Request Per Application:**  |
| REQUESTOR: |
| LICENSEE NAME (Individual, Married Couple or Legal Entity):       | LICENSEE NUMBER      |
| AFFECTED ESTABLISHMENT INFORMATION (Please check one): |
| [ ] Restaurant/Retail Food Establishment | [ ]  Pool | [ ]  Hotel / Motel |
| [ ]  Temporary Restaurant | [ ]  Water Attraction | [ ]  Tourist Rooming House / Cabin / Cottage |
| [ ]  Mobile Restaurant or Retail Food Establishment | [ ]  Water Attraction with Slides | [ ]  Bed and Breakfast Establishment |
| [ ] Caterer | [ ] Campground | [ ]  Other:       |
| [ ] Special Organization Serving Meals | [ ]  Special Event Campground |
| [ ]  Vending Machine Operation | [ ]  Recreational Educational Camp |
| AFFECTED ESTABLISHMENT NAME      | AFFECTED ESTABLISHMENT LICENSE NUMBER      |
| AFFECTED ESTABLISHMENT ADDRESS STREET      | CITY      | STATE   | ZIP      |
| [ ] New [ ] Existing [ ] Change of Ownership |

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| VARIANCE REQUEST INFORMATION |
| 1. **Cite specific state administrative code reference being petitioned (i.e. 2009 Food Code 3-501.13 Thawing):**
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| 1. **What specific practice, operation, condition, construction, equipment, installation or issue is the variance requested for?**

**Explain in detail**:       |
| 1. **Explain in detail why compliance cannot be attained without a variance:**
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| 1. **How will the proposed variance meet the intent of the administrative code to provide the same means of protection of health, safety or welfare? Explain in detail:**
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| **Submit all pertinent and representative photographs, sketches, diagrams, relevant and current documentation**, **test reports, research articles, expert opinions, testing certifications, manufacturers' required standards conformance, or any other document the licensee believes is relevant to the decision. Failure to provide this information in a timely manner may result in denial of the variance request.****If you have received a previous variance approval, please include the written approval, signed by a DFRS or local agent health department official. If you do not have a written approval, submit the approving agency and approving official’s name, title, telephone number, and e-mail address.** **Upon receipt of a complete variance request, the Department shall review the request and grant or deny the request in writing within 30 working days. Incomplete applications may delay the process.****Please make a copy of this application and all attachments, as submitted documents are state records and will not be returned.** |

**Submit documents to Agent Health Department, or DATCP Field Sanitarian.**

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| I attest, by my signature, that I am the individual or married couple licensee or the legally authorized representative of the legal entity licensee and the information contained in this application and attachments accurately and truthfully represents the conditions and circumstances relevant to the request. I understand that I am prohibited from giving false information, pursuant to Wis. Stat. §§ 97.12(4) (b) and 97.65(5) (b) 2. I understand that the Division may grant any variance with any or all of the following: as experimental trial only, with conditions or an expiration date. Pursuant to Wis. Stat. § 15.04 (1) (m), personal information provided may be used for purposes other than that for which it was originally collected.  |
| SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE FOR LICENSEE | PRINT NAME      | DATE      |
| REPRESENTATIVE STREET ADDRESS      | CITY      | STATE   | ZIP      |
| REPRESENTATIVE PHONE:(   )     -      | REPRESENTATIVE CELL PHONE:(   )     -      | REPRESENTATIVE FAX NUMBER:(   )     -      | REPRESENTATIVE E-MAIL ADDRESS:      |

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| **AGENT HEALTH DEPARTMENT OR DATCP FIELD SANITARIAN USE ONLY** |
| NAME:       | TITLE:       |
| AGENCY:       | DATE:       |
| EMAIL ADDRESS:       | PHONE: (   )     -      |
| [ ]  **Approve**[ ]  **Deny** | COMMENTS:       |
| OFFICIAL’S SIGNATURE: | PRINTED NAME:       |
| **Agent or DATCP Sanitarian – please submit documents by e-mail to:**DATCPDFRSRetail@wi.gov (for a food facility)DATCPDFRSRec@wi.gov (for a recreational facility)  | Or mail to:WDATCP - DFRSAttn: Technical Section - Variance PO Box 8911 Madison, WI 53708-8911 |

*This institution is an equal opportunity employer.*