

HENNEPIN COUNTY

PUBLIC HEALTH

REQUEST for VARIANCE

ESTABLISHMENT INFORMATION

Establishment Name: _____ Phone: _____

Address: _____ City: _____ State: MN Zip: _____

Existing Establishment

New Establishment

Contact: _____ Phone: _____ Email: _____

**NOTE: if the application is for multiple Hennepin County licensed locations, a separate list must be attached that includes each location that is to be covered under the variance. This list must include the following: each establishment name (as it appears on the Hennepin County License), the complete address for each establishment and the establishment owner (as it appears on the Hennepin County License) or other contact name for each location.*

VARIANCE INFORMATION

Type of Variance

Person in Charge (micro markets)

Request Type: New Renewal – expiration date of current variance _____

The Minnesota Food Code rule from which you are requesting a variance (*this is pre-filled*). The MN Rules can be found at <https://www.revisor.mn.gov/rules/>

4626.0025 ASSIGNMENT OF PERSON IN CHARGE 2-101.11

The licensee shall be the person in charge or shall designate a person in charge and shall ensure that a person in charge is present at the food establishment during all hours of operation.

State the reason(s) why the rule cannot be met (*attach additional pages if necessary*).

Explain in detail the alternate measures that will be taken to ensure equivalent protection (*attach additional pages, diagrams, scientific data, etc. if necessary*).

This variance is not approved until the applicant has been notified in writing

I, the undersigned, agree to comply with the terms of the variance as issued by Hennepin County Public Health Department, Environmental Health. Failure to do so may result in variance revocation or regulatory action.

Applicant Name (Print): _____ Title: _____

Applicant Signature: _____ Date: _____

