

**NYS DEPARTMENT OF AGRICULTURE AND MARKETS
DIVISION OF FOOD SAFETY AND INSPECTION
10B AIRLINE DRIVE, ALBANY, NEW YORK 12235**

VARIANCE REQUEST

#

*(To be completed by the Central Office)***PROCESSING VARIANCE REQUEST***(To Be Completed by Establishment Operator)*

DATE:

OWNER:					EST. NO.:					
TRADE NAME:										
STREET:				CITY:			COUNTY:		ZIP:	
VARIANCE REQUEST DESCRIPTION:										
RATIONALE FOR VARIANCE:										
SUPPORTING ATTACHMENTS:										
<input type="checkbox"/> HACCP PLAN (See Section 271-9.6: Contents of HACCP Plan)					<input type="checkbox"/> SUPPORTING STUDIES/DATA					
ESTAB. REPRESENTATIVE NAME/TITLE:						ESTAB. REPRESENTATIVE SIGNATURE:				