



Request for a Variance / Exemption

1. Establishment Name: _____
2. Establishment Address: _____
3. Mailing Address: _____
4. Permit Number: _____
5. Contact Name: _____
6. Contact Phone Number: _____ FAX Number: _____
7. Contact Email Address: _____
8. Type of Variance and Houston Food Ordinance Section Affected:

<input type="checkbox"/> Smoking of Food	20-21.4(l)(1)(A)	<input type="checkbox"/> Live Molluscan Shellfish Tank	20-21.4(l)(1)(E)
<input type="checkbox"/> Smoking of Food	20-21.4(l)(1)(C)	<input type="checkbox"/> Reduced Oxygen Packaging	20-21.4(l)(1)(D)
<input type="checkbox"/> Curing of Food	20-21.4(l)(1)(B)	<input type="checkbox"/> Custom Processing of Animals	20-21.4(l)(1)(F)
<input type="checkbox"/> Shellstock Identification	20-21.1(b)(2)	<input type="checkbox"/> Sprouting Seeds or Beans	20-21.4(l)(1)(H)
<input type="checkbox"/> Under-Cooking Animal Foods	20-21.4(c)(4)(b)		
<input type="checkbox"/> Other:	_____		

Each variance requires an independent application. Requests for variance are covered under Houston Food Ordinance 20-21.4(l)(1) and 20-21.19(e). The entire Houston Food Ordinance can be viewed at https://library.municode.com/tx/houston/codes/code_of_ordinances?nodetid=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

Date Received: _____ Received by: _____

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

Rev06032021

