# Ohio Department of Health

**Food Service Operation Request for Variance**  
Ohio Administrative Code Chapter 3717-1

<table>
<thead>
<tr>
<th>Name of Operation</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Name of Owner/Person in Charge</th>
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<thead>
<tr>
<th>City</th>
<th>Zip Code</th>
<th>Telephone Number</th>
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<tr>
<th>Email Address</th>
<th>Name of Local Health District</th>
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**Written Request (Attach HACCP plan and other supporting documents)**

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To request a variance, complete this form and submit to:  
Ohio Department of Health  
Attn: Food Safety Program  
246 North High Street  
Columbus, Ohio 43215  
or email to BEH@odh.ohio.gov

HEA 5352 (Revised 8/2015)