



Ohio Department of Health Food Service Operation Request for Variance Ohio Administrative Code Chapter 3717-1

Name of Operation		Date	
Street Address		Name of Owner/Person in Charge	
City	Zip Code	Telephone Number	
Email Address	Name of Local Health District		
Written Request (Attach HACCP plan and other supporting documents)			
Signature		Date	

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