

VARIANCE REQUEST APPLICATION

FIRM NAME: (Doing Business As) OWNER NAME:			LICENSE NUMBE	LICENSE NUMBER:	
			OWNER PHONE:		
PHYSICAL ADDRESS OF FIRM:		CITY:	COUNTY:	ZIP CODE:	
MAILING ADDRESS OF FIRM: (If Different than Physical Address)		CITY:	STATE:	ZIP CODE:	
CONTACT PERSON:	TITLE:	CONTACT PHONE:	CONTACT EMAIL*:		
Are you applying for n	nultinle locations? V	ES NO			

Are you applying for multiple locations? YES

If YES, please list OTHER FACILITIES, with their PHYSICAL ADDRESSES, including COUNTIES in which they are located:

*Confirmation of receipt will be sent via email. If you do not wish to receive email notification, CHECK HERE

PRODUCT / PROCESS INFORMATION

Please specify the type of food product(s) for which you are requesting the variance? I.

II. Please indicate the type of variance requested:

- Acidification (e.g. Sushi Rice)
- Curing Food (e.g. Sausage, Corned Beef, Pickled Herring)
- Custom Processing of Animals for Personal Use (Not for Retail Sale)
- Molluscan Shellfish Life-Support Tank (aka "Wet Storage")
- Raw or Undercooked Animal Foods Served to Consumers
- Raw, Unpasteurized Juice Bottled at Retail
- Reduced Oxygen Packaging (e.g. Vacuum Packaging, Modified Atmosphere Packaging)
- Smoking Food for Preservation (e.g. Meat, Fish)
- Sprouting Seeds or Beans
- Other Regulatory Provision of 40-7-1 (Not Listed Above)
- Please list the relevant regulation sections of 40-7-1 Retail Food Sales that you are seeking a variance for, and describe the III. specific alternative equipment, procedures and/or methods to be used.

CODE SECTION #	ALTERNATIVE TO REQUIREMENTS OF 40-7-1

IV. Provide the rationale (justification) for how the potential public health hazards and nuisances addressed by the regulations cited in Section III above will be addressed by the alternative equipment, procedures, and/or methods.

V. Supporting Documentation

A HACCP plan is required for the Department to approve the variance. Attach your HACCP plan to this application. Here is a HACCP plan checklist to ensure your HACCP plan meets the regulation requirements:

Clearly identifies the types of food(s) to be processed and served.

A flow diagram by specific food or category type identifying critical control points and provides the following information:

Ingredients, materials, and equipment used in the preparation of the food; and

Formulations or recipes that delineate methods and procedural control measures that address the food safety concerns involved.

A food employee and supervisory training plan that addresses the food safety issues of concern.

Standard operating procedures for the plan clearly identifying:

Each critical control point (CCP).

The critical limits for each CCP.

The method and frequency for monitoring and controlling each CCP by the food employee designated by the person in charge (PIC).

The method and frequency for the PIC to routinely verify that the food employee is following standard operating procedures and monitoring CCP's.

Actions to be taken by the PIC if the critical limits for each CCP identified are not met.

Records to be maintained by the PIC to demonstrate that the HACCP plan is properly operated and managed.

Additional scientific data or other relevant information supporting the determination that food safety is not compromised by the proposed variance, and which may be required by the Department to decide the acceptability of the request.

VI. Confirmation

I hereby certify that the information provided within this application is accurate. I understand that any given deviation from approved procedures, without prior acknowledgment from the Department, may nullify any variance granted by the Department. I understand this application will be returned to me if incomplete. I also certify that I will not begin the operations disclosed within this application without receiving prior authorization from the Department. I have read and understand this variance agreement.

Signature:

Printed Name:

Title:

Date:		

PLEASE SUBMIT YOUR COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

The Georgia Department of Agriculture Retail Program Manager/GDA Variance Committee 19 Martin Luther King Jr Dr, SW - Room 308 Atlanta, GA 30334-4201

COMMITTEE USE ONLY						
Received On:	Application Type:	Initial Subr	nission	Resubmittal		
Notice of Receipt Sent On:	Notificat	ion Sent Via:	Email	USPS	Other:	
Reviewed On:	Disposition:	Approved	Denied		Need More Info	Returned (Incomplete)
Accepted Variance and HACCP Plan Scanned and Attached into DHD on:			Attached By:			
Notes:						