

FOOD AND FEED SAFETY DIVISION Phone: 651-201-6027 Email: MDA.HACCP.Variance@state.mn.us

VARIANCE REQUEST APPLICATION

Mail to:
Food and Feed Safety Division
Minnesota Department of Agriculture
625 Robert St N, St Paul MN 55155

Or Email to:
MDA.HACCP.Variance@state.mn.us

Establishment Legal Name _____ MDA Food License # _____
(as stated on MDA license, or corporate contact if for multiple locations)

Address _____ County _____

City, State, Zip Code _____ Facility New Existing

Contact Name _____ Phone Number _____ Email _____

NOTE: If the application is for multiple MDA licensed locations, a separate list must be attached that includes each store location that is to be covered under the variance. The list must include establishment legal name (as stated on MDA license), MDA license number, complete address.

Type of Variance *(Check appropriate box)*

- Equipment
- Facility/Construction Materials
- Food Code Process
- Person in Charge
- Prohibiting Animals
- Specialized Process
- Other: _____

Variance Request Type *(Check appropriate box)* New Renewal If renewal, expiration date of current variance:

State the Minnesota Rule(s) from which you are requesting a variance. *(Attach additional pages if necessary)*
The MN Rules can be found at www.revisor.mn.gov/rules/

State the reason why the rule cannot be met: *(Attach additional pages if necessary)* Explain in detail the alternate measures that will be taken to ensure equivalent protection: *(Attach additional pages, diagrams, scientific data etc.)*

This variance is not approved until notified in writing by the Minnesota Department of Agriculture

I agree to comply with the terms of the variance as issued by the Minnesota Department of Agriculture. (Failure to do so may result in variance revocation or regulatory action against the firm).

Applicant – Print Name _____ Title _____

Applicant Signature _____ Date _____