



Public Health
Prevent. Promote. Protect.

HENRY & STARK COUNTY HEALTH DEPARTMENT

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**Request for Variance in Lieu of Compliance with the
IL Food Code and Henry/Stark County Food Ordinance**

Henry County

Stark County

1. Name of Establishment: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

2. Owner of Establishment: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

3. List the Section Number(s) of the Henry & Stark County Food Ordinance and/or IL Food Code that the variance for compliance is being requested: _____

4. Explain specific reason(s) why compliance with the Code/Ordinance is impossible or impractical at this point in time and compliance cannot currently be met:

5. What practices will be but in place to prevent potential public health hazards and nuisances: _____

\$50.00 Variance Fee Enclosed

Risk Control Plans/Active Managerial control Plans/HACCP plans must be enclosed

Owner/Permit Holder Signature _____ Date _____

