



Henry & Stark County Health Department
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Amount Paid _____
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Public Health
 Prevent. Promote. Protect.

Request for Variance in Lieu of Compliance with the

IL Food Code Section 2-102.12 Certified Food Protection Manager (CFPM) which states that the PERSON IN CHARGE (PIC) shall be a CFPM who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM which is in conjunction with Section 201.11 Assignment (A) which states that the permit holder shall be the PIC or shall designate a PIC and shall ensure that a PIC is present at the food establishment during all hours of operation for Category I & II establishments.

Henry County

Stark County

1. Name of Establishment: _____
 Street Address: _____ City: _____
 Phone: _____ Email: _____

2. Owner of Establishment: _____
 Mailing Address: _____ City: _____
 Phone: _____ Email: _____

3. 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: _____

4. Provide days & hours of your operation that you cannot meet the requirements:
 ✓ DAYS:- _____
 ✓ TIMES (from – to):- _____

5. Provide food items apart from liquor that will be served during the above days and times: _____

6. Provide name of Person In Charge (PIC) who is responsible during those hours (must update the Health Department as necessary): _____

7. Will the kitchen be closed (off limits) during these hours: Yes No

8. Will food contact & nonfood contact surfaces cleaning and/or activities take place during these times (in kitchen): Yes No

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

\$50.00 Variance Fee Enclosed

I understand that I will have to submit this completed form with a fee annually

Owner/Permit Holder Signature _____ Date _____

For Office Use Only

Recommendations:

EH Sanitarian: Approve Deny

Reason _____

Environmental Health Sanitarian

Date

This Variance is:

Approved Denied

Approved with Conditions: _____

Dorothy David, Director of Environmental Health

Date