



# Henry & Stark County Health Department

4424 US Hwy 34, Kewanee, IL 61443

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www.henrystarkhealth.com

**Public Health**  
Prevent. Promote. Protect.

## Request for Variance in Lieu of Compliance with the IL Food Service Sanitation 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 IDPH Food Service Sanitation Code that the variance for compliance is being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Explain specific reason(s) why compliance with the Code is impossible or impractical at this point in time (with relative sections noted) and 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**

Owner/Permit Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

**Recommendations:**

**EH Sanitarian:**       Approve       Deny      Reason \_\_\_\_\_

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**This Variance is:**

- Approved**
- Denied**
- Approved with Conditions:** \_\_\_\_\_

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Dorothy David, Director of Environmental Health

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Date