

## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION

### VARIANCE REQUEST FORM

**HANDWRITTEN APPLICATIONS CAN NOT BE ACCEPTED AND MAY CAUSE DELAY IN REVIEWING**

Please **enter** the information requested and submit a completed form. A review fee must be paid for each Establishment upon submission. **Incomplete (including non-payment) submission may result in failure to process application.** The establishment's trade name and the owner's name must be the same as recorded on the District of Columbia Basic Business License (BBL).

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1. Individual Submitting Request (*Point of Contact*): \_\_\_\_\_ Date: \_\_\_\_\_
- a) Mailing Address: \_\_\_\_\_  
(include city, STATE and zip code)
- b) Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- 

2. License Holder / Owner Seeking Variance:
- a) Name: \_\_\_\_\_
- b) Billing Address: \_\_\_\_\_  
(if different from mailing address above in Item #1)
- c) Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
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3. Food establishment for which variance is sought. Include the following information for each food establishment: (List here or attach additional pages if necessary):
- a) Establishment Name: \_\_\_\_\_
- b) Licensee or Owner Name (if different from above #2): \_\_\_\_\_
- c) Physical Location: \_\_\_\_\_ Quad: \_\_\_\_\_
- d) Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- e) **Attach a copy of current business license if applicable**  
**\*\*New establishment** provide DCRA Plan Submission/Building Permit #: \_\_\_\_\_
- a) Establishment Name: \_\_\_\_\_
- b) Licensee or Owner Name (if different from above #2): \_\_\_\_\_
- c) Physical Location: \_\_\_\_\_ Quad: \_\_\_\_\_
- d) Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- e) **Attach a copy of current business license if applicable**  
**\*\*New establishment** provide DCRA Plan Submission/Building Permit #: \_\_\_\_\_
- a) Establishment Name: \_\_\_\_\_
- b) Licensee or Owner Name (if different from above #2): \_\_\_\_\_
- c) Physical Location: \_\_\_\_\_ Quad: \_\_\_\_\_
- d) Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- e) **Attach a copy of current business license if applicable**  
**\*\*New establishment** provide DCRA Plan Submission/Building Permit #: \_\_\_\_\_

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4. State the specified provision(s) of this Code from which the variance is requested.

\_\_\_\_\_

5. Explain alternative measures that will be taken to ensure a comparable degree of protection to public health, safety, and the environment if a variance is granted. (Attach supporting documentation if necessary)

\_\_\_\_\_

6. Is a HACCP plan involved in this variance requested? (\$125.00 review fee) ☐ Yes ☐ No

Is the HACCP plan attached?

☐ Yes ☐ No

7. What is the length of time for which this variance is requested? (Shall not exceed the end of the license period)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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I understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405

I, \_\_\_\_\_, will agree with the terms of this variance, if one is granted.  
*Print name*

Signature of individual making request:

\_\_\_\_\_  
Signature (entering your name will consist as a signature)

\_\_\_\_\_  
Title within organization/Position within Establishment

Date: \_\_\_\_\_

**Have you included full payment?** ☐ \$200 variance only (**per Est**) ☐ \$325 variance and HACCP (**per Est**)

\_\_\_\_\_

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov).

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You may submit completed application by email to [haccp.plans@dc.gov](mailto:haccp.plans@dc.gov); however, payment must be mailed to: DOH – Reviews  
P.O. Box 37489  
Washington, DC 20013