

Date Received: _____

Permit Number: _____

Phone: (806)-378-9472
Fax: (806)-378-3585



Receipt #: _____

Date Paid: _____

TDD: (806)-378-4229
ehealth@amarillo.gov

Amarillo Area Public Health District

Variance Request Form

Fee: \$100

Name of Establishment: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Information: Phone: _____ Fax: _____ Email: _____

Name of Owner: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's Contact: Phone: _____ Fax: _____ Email: _____

Variance Information

Type of Variance: *(Please attach additional pages if needed)*

- Using Food Additives – for preservation
- Sprouting Seeds or Beans
- Custom Processing of Animals
- Smoking Food – for preservation
- Live Molluscan Shellfish Tank
- Curing Food
- Reduced Oxygen Packaging (ROP)
- Other: _____

Modifications or waivers to the Texas Food Establishment Rules require justification and documentation

A. Describe the proposed variance: _____

B. Give an example of what you would like to do: _____

C. Write the Section Number(s) of the Texas Food Establishment Rules that will be affected: _____

Applicant Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

The following information is needed: _____

- Variance Approved Variance Not Approved

Environmental Health Specialist: _____ Date: _____

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101