



Clay County Environmental Health
715 North 11th Street, Suite 303
Moorhead, MN 56560
218-299-5004

Variance Request Form (Food Establishments, MHP/RCA, Lodging, Youth Camps)

1. ESTABLISHMENT INFORMATION

<hr/>	
Name (Last, first, middle initial)	Application Date
<hr/>	Current License Number
Establishment Street address, City, ST, ZIP Code	<hr/>
Primary phone number Other phone number	Email address
<hr/>	<hr/>
Owner Mailing Address, City, ST, ZIP Code	

2. Rule(s) from which variance is requested (cite specific language of the rule(s):

3. Reason(s) rule cannot be met (include supporting evidence):

4. Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment:

5. Length of time variance is requested for:

Variance requests are considered according to Minnesota Rules, Parts 4717.7000 subpart 1(D), 4717.7000 subpart 1(E), 4717.7000 subpart 1(F), or 4626.1690 to 4626.1715, as applicable.

Incomplete applications cannot be processed and will be returned to the applicant. Please submit a complete application, the **\$150 application fee**, and any relevant information necessary to properly evaluate this request. Attach additional sheets as necessary.

If this variance is granted, I agree to comply with any conditions required by Clay County Environmental Health.

Applicant Signature

Date

For Administrative Use Only:

Reviewed By: _____

Date received

Action taken: _____

Date

Action taken: _____

Date

Clay County Environmental Health Official Signature of Approval

Date

Attach additional documentation, if applicable.

Information provided on this form is classified as public information under MN Statutes, Chapter 13.