



Public Health
Prevent. Promote. Protect.

HENRY & STARK COUNTY HEALTH DEPARTMENT

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**Request for Variance in Lieu of Compliance with the
IL Food 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 IL Food Code that the variance for compliance is being requested: _____

4. 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:

5. What practices will be put 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 _____

Environmental Health Sanitarian

Date

This Variance is:

Approved **Denied**

Approved with Conditions: _____

Dorothy David, Director of Environmental Health

Date

Amount Paid _____

Payment Type _____

Paid By _____

Date Paid _____