

For Office Use Only

Received: _____

CK-CC-CH #: _____

Amount: _____

Invoice #: _____

Paid On: _____

Initial: _____

Permit: _____

Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
<http://www.austintexas.gov/department/food-establishment-requirements>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Variance Request / HACCP* Application * Hazard Analysis & Critical Control Points

Establishment Information

Note: Incomplete applications will not be processed and will be returned

Establishment Name: _____

Request Type: Variance Request HACCP Request Establishment Type: Food Enterprise Pool/Spa
Check all that apply

Physical Address: _____
Street City State Zip Code

Contact Information

Print full legal names as they would appear on a Government Issued Photo ID(s)

On Site Contact: _____ Phone: _____
Contact Person (Last Name, First Name) (###) ### - ####

Email Address: _____
Email addresses will not be distributed. (Internal use only)

Review Fee Information

Review Requested	City of Austin (Contracted Municipalities*)	Travis County
HACCP (may include Variance)	\$337.00 (Per Review – 1 st resubmission gratis)	Not Applicable
Variance Request (w/o HACCP)	\$337.00 (Per Review – 1 st resubmission gratis)	Not Applicable

* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills, Pflugerville

Plan Submission: Submit a HACCP Plan and/or Variance Request along with any supporting documentation to the department. The department must review and approve all plans before the process/condition under review can be used or implemented. Failure to provide required supporting documentation may result in additional review fees.

Documentation: Documentation for Variance Requests include but are not limited to:

- Cover letter containing the name and physical address of the facility or facilities in review
- Applicable Food Enterprise TFER & Pool/Spa/PWIFF TAC Chapter 265 Code section number(s)
- Rationale statement of how the potential health hazard(s) addressed by the relevant code section(s) can be addressed by the proposed variance.

Plan Modifications: Any modifications to an approved Variance Requests of HACCP Plan are subject to additional review fees and must undergo another review/approval by the department.

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: Austin Public Health

Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov), payment instructions will be emailed to you to make credit card payment over the phone for City of Austin and ILA jurisdictions.

Applicant's Signature

Print Name

Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.