

Received: \_\_\_\_\_ CK – CC – CH: \_\_\_\_\_ Amount: \_\_\_\_\_ Invoice: \_\_\_\_\_  
Paid on: \_\_\_\_\_ Initial: \_\_\_\_\_ Permit: \_\_\_\_\_ Juris: COA / TC / ILA

## Variance Request / HACCP\* Review

### \*Hazard Analysis & Critical Control Points

#### Establishment Information

Note: Incomplete application will not be processed and will be returned.

#### Establishment Name: \_\_\_\_\_

**Request Type:** ☐ Variance Request ☐ HACCP Review **Establishment Type:** ☐ Food Enterprise ☐ Pool/Spa ☐ Special Event  
Check all that apply.

#### Physical Address: \_\_\_\_\_

Street

City

State

Zip Code

#### Contact Information

Please print full legal name as it appears 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 <sup>st</sup> resubmission gratis)	(Not applicable)
Variance Request (W/O HACCP)	\$337.00 (Per Review – 1 <sup>st</sup> 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/Food Code, Pool/Spa/PWIFF TAC Chapter 265, or Special Event 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**

**Online payments: Visa, MasterCard, Discover, and e-Check**

Make checks and money orders payable to: Austin Public Health

**Credit cards not accepted for Travis County payments.** Payment types are subject to change.

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](mailto: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.