

## Application for Variance Request and HACCP Plan Submission

Application Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Contact Info      Email: \_\_\_\_\_      Phone: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address      Street : \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      County: \_\_\_\_\_

If requesting a variance for multiple locations, please provide a list on a separate page.

Mailing Address \_\_\_\_\_

List of processes or operations  
requiring a variance or HACCP Plan

Micro-market service variance request for all micro markets operated by

Please choose for ONE of the following:

	Written Proposed Variance	HACCP Plan
1 Specialized Processing Method	attached <input type="checkbox"/>	attached <input type="checkbox"/>
2 HACCP plan for reduced oxygen packaging	<i>not required</i>	attached <input type="checkbox"/>
3 Variance for other request	attached <input type="checkbox"/>	<i>not required</i>

Northern Virginia Region Office

VDACS – Office of Food Safety  
PO Box 1163, Suite 345  
Richmond, VA 23218  
Phone: 804-786-3520  
Fax: 804-371-7792

Southwest Region Office

VDACS – Office of Food Safety  
2943-E Peters Creek Road  
Roanoke, VA 24019  
Phone: 540-562-3641  
Fax: 540-562-3649

Tidewater Region Office

VDACS – Office of Food Safety  
5700 Thurston Ave, Suite 104  
Virginia Beach, VA 23455  
Phone: 757-363-3840  
Fax: 757-363-3838