



Maplewood

CITY OF MAPLEWOOD

1902 County Road B East

Maplewood, MN 55109

Phone (651) 249-2300

www.MaplewoodMN.gov

FOOD ESTABLISHMENT VARIANCE REQUEST APPLICATION

Name of Establishment: _____

Address of Establishment: _____

Name of Owner: _____

Email: _____

Phone: _____

Contact name for variance request: _____

Email: _____

Phone: _____

Type of variance requested: _____

State the MN Rule from which you are requesting a variance:

State the reason why the rule cannot be met:

Explain in detail the alternate measures that will be taken to ensure equivalent compliance:

Applicant Signature: _____ Date: _____

City Health Approval: _____ Date: _____