



33030 VAN BORN • WAYNE, MI 48184
PH: (734) 727-7400 • FAX: (734) 727-7165

DATE: _____

ESTABLISHMENT NAME:

ESTABLISHMENT ADDRESS:

CITY: ZIP: PHONE:

APPLICANT'S NAME: _____

OWNER'S NAME: _____ **EMAIL:** _____

OWNER'S ADDRESS:

CITY: ZIP: PHONE:

SECTION OF FOOD CODE OR MICHIGAN FOOD LAW FROM WHICH YOU ARE REQUESTING A

VARIANCE (BY NUMBER):

DESCRIPTION OF VARIANCE REQUESTED:

ATTACH SUPPORTING DOCUMENTATION IF APPLICABLE:

I HEARBY AUTHORIZE (Name of applicant) _____
TO ACT AS MY AGENT IN APPLYING FOR A FOOD SERVICE VARIANCE FROM THE WAYNE COUNTY HEALTH
DEPARTMENT AS OUTLINED ON THE ABOVE INFORMATION.

OWNER'S SIGNATURE: _____