



**Food Safety & Consumer Protection Div**  
**Meat Inspection Section**  
 116 State Street  
 Montpelier, VT 05620  
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*Agency of Agriculture Food & Markets*

## Annual Retail Special Process Variance Request

Initial Variance Request

Resubmission of Previously Approved Variance

Establishment Name*		Contact Name	
Establishment Address*		Contact Telephone Number	Email Address
Mailing Address		State	Zip
City	State	Zip	Retail License Number*

**\*If this request applies to more than one facility, or if the products produced will be sold from more than one location, please attach a list of the facilities that will be affected.**

You must include the following documentation with this application:

1. A letter signed by the applicant with a detailed description of the foods to be produced and the specific methods to be used.
2. An analysis of the rationale (justification) for how the potential public health hazards will be addressed including supporting scientific documentation that validates the food safety efficacy of the process, procedure, or plan being proposed.
3. List of other retail locations affected by this application.
4. Copy of previous approval if applicable.
5. Copies of any related variances, waivers or opinions issued by other governmental agencies.

If this variance is granted, I agree to comply with any conditions required by VAAFM

Signed	Dated
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**Incomplete applications cannot be processed and will be returned to the applicant. Please submit a complete application and any relevant information necessary to properly evaluate this request.**

**Briefly describe Type of Food produced**

- Formulation
- Ingredients
- Labeling (include product name and ingredient statement)
- Heat treated not fully cooked
- Heat treated fully cooked

**Briefly provide a clear explanation of how the facility and management will ensure the equipment and/or process will ensure the public's continual health and safety:**

- additional employee training;
- records that will be maintained;
- additional tools, utensils, or equipment used;
- sanitation procedures that will be followed;

*(Include additional pages as needed)*

VAAFMM Use only

Date Received:	Application Reviewed By:	Conditions:
On site review      Y            N	Status	Date:
Results:		
Reviewer:		