

**FARMER VARIANCE
SEATTLE-KING COUNTY FOOD CODE**

**Seattle King County Department of Public Health
aka Public Health – Seattle & King County**

NO FEE FOR VARIANCE REVIEW

DATE _____

NAME OF FARMER _____

ADDRESS _____ CITY _____ ZIP _____

PERSON TO CONTACT _____ DAYTIME PHONE _____

I request a variance from the following requirement(s): **Physical facility requirements for mobile vehicle plan review and approval.**

I am unable to comply because: **Meat/seafood items and other food products including the sale of raw milk will utilize temporary event equipment and procedures for the vehicles at Farmer Markets unless otherwise directed by public health staff.**

I will do the following to protect public health: **I will follow the approved variance guidelines and policy procedures for the sale of farmer processed food products at Farmer Market locations.**

OWNER (Print Name)

DATE

OWNER SIGNATURE

<i>Do Not Write Below This Line</i>		
SERVICE REQUEST # _____	FACILITY # _____	
VARIANCE ACCEPTED _____	_____	Program Manager Concur
Signature of EHS Supervisor	Date	
CONDITIONS _____		

VARIANCE DENIED _____	_____	Program Manager Concur
Signature of EHS Supervisor	Date	
Comments/Reasons: _____		

*If you disagree with this decision, you may appeal in writing to the
Chief, Environmental Health*

DISTRICT HEALTH CENTERS

ALDER SQUARE
1404 Central Ave S, Ste 101
Kent, WA 98032
(206) 296-4708

NORTHSHORE
10808 NE 145TH St
Bothell, WA 98011
(206) 296-9791

**DOWNTOWN
ENVIRONMENTAL HEALTH**
401- 5th Ave, 11th Floor
Seattle, WA 98104
(206)296-4632