



Maricopa County Environmental Services Department
Environmental Health Division Permitting Services Program
Variance/HACCP Application
501 N. 44th Street, Suite 200, Phoenix, AZ 85008
Phone: (602)506-6824
Esplanreview@mail.maricopa.gov

VARIANCE/HACCP APPLICATION (FOOD ESTABLISHMENTS ONLY)

Follow all instructions below to ensure a complete application and to avoid delays in the application review process.

Application Steps

1. Fill out and submit your application (please ensure it is legible and complete)
2. Our office will review, assess the required fees, and send you your confirmation
3. Pay fees (via online, in person, over the phone, fax, or by mail).

Make checks payable to MCESD. We also accept Visa, Mastercard, American Express and Discover.

If submitting application electronically, payment can be made via online service once the application is accepted and reviewed. Fees are not refundable.

Next Steps

1. Within 30 working days you may be contacted to schedule a meeting, unless the process has been previously reviewed and approved by the Department.
2. Once all required documents have been provided, the final response (Approval/Denial) will be given within 60 working days. During this time it may be determined that an on site review of the process may be required for final approval.

Submittal Checklist

- Complete Application (a separate application is required for each location/permit, process type and revision request)

Application fees:

- Variance Application \$200
 HACCP Plan \$205
Mobile Food Establishments \$60

- Supporting Documentation - refer to pages 3-4 of this application for full list of supporting documentation that is required. Additional information may be requested upon review by HACCP/Variance Coordinator.

In the past 12 months has establishment submitted and obtained Department approval for exact same process? Yes No
If yes, supporting documentation may not be required. Please check with office prior to submitting.

Variance/HACCP Application

BUSINESS INFORMATION (Name on Establishment)

Business Name:

Business Address:

City: State: Zip:

Business Phone: Business Fax:

BUSINESS OWNERSHIP INFORMATION (Responsible Party)

Entity Type: Sole proprietor (Must Show Lawful Presence) Corporation Association Other

Owner/Corporation Name:

Owner Address:

City: State: Zip:

Owner Phone: Owner Fax: Email:

MAILING/BILLING INFORMATION

Owner/Corporation Name:

Owner Address:

City: State: Zip:

Owner Phone: Owner Fax: Email:

INSPECTION or REVIEW RESPONSE CONTACT

Name:

Address:

City: State: Zip:

Phone: Fax: Email:

Best Method of Contact: Email U.S Mail Fax

Please provide a brief description of what is being requested:

**Supporting Documentation Checklist
For**

Reduced Oxygen Packaging (ROP), Fermentation, Food Additives, Sprouting, Curing, Smoking foods to Render shelf stable

	Items Required
<input type="checkbox"/>	HACCP Plan
<input type="checkbox"/>	Food Items w/ detailed preparation process
<input type="checkbox"/>	Identify critical control points and critical limits and how they will be monitored
<input type="checkbox"/>	Equipment needed for process
<input type="checkbox"/>	Detail the training plan for staff involved in process
<input type="checkbox"/>	Detail how person in charge will oversee process
<input type="checkbox"/>	Provide sample log sheets that will be used
<input type="checkbox"/>	Detail corrective action when failures occur
<input type="checkbox"/>	Document whether product is for retail sales or for in-house use only
<input type="checkbox"/>	Provide samples of labels for ROP or retail sales (if applicable)
<input type="checkbox"/>	If process is not approved in FDA food code, provide scientific data to support process (e.g. lab results or process authority review)
<input type="checkbox"/>	Provide statement that logs will be maintained for 180 days
<input type="checkbox"/>	If operating in shared kitchen, provide details on how food process will be protected.

**Supporting Documentation Checklist
For**

Live Molluscan Shellfish Tanks

	Items Required
<input type="checkbox"/>	Food Establishment Application (major remodel or minor review may be required - to be determined at time of submittal)
<input type="checkbox"/>	Source of shellfish that is purchased
<input type="checkbox"/>	Detailed plan for cleaning tanks
<input type="checkbox"/>	Detail how separation of lots will occur (separate filtration systems will be required)
<input type="checkbox"/>	Provide information on general plumbing/backflow/filtration for tanks
<input type="checkbox"/>	Provide sample log sheets for delivery, general health of fish, cleaning schedule
<input type="checkbox"/>	Provide statement that logs will be maintained for 180 days

**Supporting Documentation Checklist
For
Fish Slaughtering**

	Items Required
<input type="checkbox"/>	Source of fish that is purchased
<input type="checkbox"/>	Detailed plan for cleaning tanks
<input type="checkbox"/>	Provide information on where the slaughtering will take place in the establishment (must be separated from other food activities)
<input type="checkbox"/>	Provide statement that logs will be maintained for 180 days

**Supporting Documentation Checklist
For
Re-packaging of Shellfish Lots**

	Items Required
<input type="checkbox"/>	Source of shellfish that is purchased
<input type="checkbox"/>	Process for tracking separation of lots
<input type="checkbox"/>	Provide sample logs to show tracking of separation of tags
<input type="checkbox"/>	Provide statement that logs will be maintained for 180 days

**Supporting Documentation Checklist
For
Equipment**

	Items Required
<input type="checkbox"/>	Documentation on how equipment will be used and installed
<input type="checkbox"/>	Specification/cut sheet for equipment with model # clearly indicated
<input type="checkbox"/>	Details of what is being requested
<input type="checkbox"/>	Sample logs may be required (e.g. F'Real machines)
<input type="checkbox"/>	Provide statement that logs will be maintained for 180 days

Delivery of Inspection Reports

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. I agree that the Department may send me a copy of its inspection report by e-mail or by facsimile transmission to the e-mail or fax number provided under the Business Ownership Information provided above. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

I understand until such time as this variance is granted, I must cease operations that require a variance. I understand that by submitting this application and the fee in no way guarantees my variance will be approved. Also, the Department may initiate action to withdraw my variance if it is granted and an unforeseen health hazard occurs as a result of the variance. A violation associated with an approved variance may result in action being initiated by the Department to withdraw any granted variance, at which time a hearing may be requested pursuant to the Maricopa County Environmental Health Code. Upon withdrawal, the variance operation will immediately cease and desist until another variance is obtained.

I hereby certify that the above information is correct, agree to comply with the Maricopa County Environmental Health Code, agree to allow the regulatory authority access to the establishment as specified under § 8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6), and I fully understand that any deviation from the above without prior permission from the Maricopa County Environmental Services Department may nullify final approval.

Disclaimer

Information entered on this form will be retained by Maricopa Environmental Services Department and is a record as defined by Arizona law. This form will be provided without redaction in response to a public record request unless any of the information is exempt from release under Arizona law.

By checking the check box and typing your name you have digitally signed this application.

I agree the application is true and correct. Signature: Date:

Arizona law, A.R.S. § 11-1605(I), allows Maricopa County Environmental Services Department (MCESD) and the applicant for a license to mutually agree to extend the plan review time frame by 50 percent of the substantive time frame and overall time frame. MCESD will agree to any applicant's request for an 50 percent extension of the substantive review time frame and overall time frame when box is checked and signed below.

I agree to the 50% extension. Signature: Date:

For Office Use Only

Business Name:

Business Address:

Submittal Date:

District:

Related Permit #:

EHV#:

Fees Paid:



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Notice

ARS § 11-1604. Prohibited acts by county and employees; enforcement; notice

A county shall not base a licensing decision on whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.

Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.

This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.

A county shall not request or initiate discussions with a person about waiving that person's rights.

THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST A COUNTY. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST A COUNTY FOR A VIOLATION OF THIS SECTION.

A COUNTY EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE COUNTY'S ADOPTED PERSONELL POLICY.

THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.1 OR 12-820.02.