



Request For Variance

State Form 51184 (12/02)

Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/233-7360

FAX: 317/233-7334

1. Individual Submitting Request:

Date: 11 / 19 / 2007

Name: Christopher D. Pignotti Telephone: (847) 220.3675 Fax: (815) 469.4496

Mailing Address: 21029 St. James Ct. Email: chrisp@dinnerbydesignkitchen.com
Number & Street

Mokena IL 60448
P.O. Box City State Zip Code

2. Person/Organization Seeking Variance:

Name: Dinner by Design Email: chrisp@dinnerbydesignkitchen.com

Mailing Address: 10 N. Lake St., Suite 108
Number & Street

Grayslake IL 60030
P.O. Box City State Zip Code

3. Food Establishment(s) for Which Variance is Sought

Include the following information for each food establishment: (List here or attach additional pages if necessary)

- Physical Location (If different than mailing address): See attached.
- Mailing Address: _____
(Number, Street, City, State, & Zip Code)
- Telephone Number: (____) _____ Fax Number: (____) _____
- Person at each retail food establishment most responsible for supervising: _____

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:

(Attach additional pages if necessary)

See attached.

5. Explain how the potential public health hazards and/or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or any other evidence: (Attach additional pages, if necessary.)

See attached.

6. List how the proposal demonstrates the following (if applicable to the request): See attached.

A) How the proposal differs from what is common and usual in similar industry situations:

B) How the proposal is unique and not addressed in existing rules or law:

C) How the proposal does not diminish the protection of public health:

D) How the proposal is based on new scientific or technological principle(s):

E) How the implementation of the variance would be practical:

7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:

See attached.

8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary)

See attached.

9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies.

For Office Use Only

10. Signature of Individual Making Request: Christopher D. Pignotti

Printed Name, Title: Christopher D. Pignotti, Operations Director