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APR 17 2015



REQUEST FOR VARIANCE

State Form 51184 (R/S-13)

Food Protection Program

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT OF HEALTH

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/234-8569

FAX: 317/233-9200

1. Individual Submitting Request: Date: 4/17/2015
 Name: Bix Branson Telephone: (812) 435-8686 Fax: (812) 435-8688
 Mailing Address: 23 Don Mattingly Way Email: bbranson@evansvilleotters.com
Number and Street
Evansville IN 47711
City State ZIP Code
 P.O. Box _____

2. Person/Organization Seeking Variance:
 Name: Evansville Baseball, LLC Email: _____
 Mailing Address: 23 Don Mattingly Way
Number and Street
Evansville IN 47711
City State ZIP Code
 P.O. Box _____

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): _____
- Mailing Address: Same
(Number, Street, City, State, and ZIP Code)
- Telephone Number: () Same Fax Number: () Same
- Person at each retail food establishment most responsible for supervising: Jake Riffert

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

<p>6. List how the proposal demonstrates the following (if applicable to the request):</p> <p>A) How the proposal differs from what is common and usual in similar industry situations:</p> <p>B) How the proposal is unique and not addressed in existing rules or law: <i>See Attached</i></p> <p>C) How the proposal does not diminish the protection of public health:</p> <p>D) How the proposal is based on new scientific or technological principle(s):</p> <p>E) How the implementation of the variance would be practical:</p>	
<p>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:</p> <p style="text-align: center;"><i>See Attached</i></p>	
<p>8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary.)</p> <p style="text-align: center;"><i>See attached</i></p>	
<p>9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies.</p>	<p>For Office Use Only</p>
<p>10. Signature of Individual Making Request: <u><i>Bix Branson</i></u></p> <p>Printed Name, Title: <u><i>Bix Branson - V.P.</i></u></p>	