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REQUEST FOR VARIANCE

State Form 51184 (R / 5-13)

Food Protection Program

SEP 16 2013

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/234-8569

FAX: 317/233-9200

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT. OF HEALTH

1. Individual Submitting Request: Date: 9 / 11 / 13

Name: NIKKO ENTERPRISE CORPORATION Telephone: (562) 941-6080 Fax: (562) 941-0208

Mailing Address: 13168 SANDOVAL ST. Email: SARAH@NECSUSHI.COM
Number and Street

SANTA FE SPRINGS, CA 90670
P.O. Box City State ZIP Code

2. Person/Organization Seeking Variance:

Name: NIKKO ENTERPRISE CORPORATION Email: SARAH@NECSUSHI.COM

Mailing Address: 13168 SANDOVAL ST.
Number and Street

SANTA FE SPRINGS CA 90670
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):* NIKKO SUSHI @ EARTH FARE MARKET
- Mailing Address: 13145 LEVINSON LANE, NOBLESVILLE, IN 46060
(Number, Street, City, State, and ZIP Code)
- Telephone Number: (317) 773-3271 Fax Number: (317) 773-7453
- Person at each retail food establishment most responsible for supervising: BANI MANG

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:
(Attach additional pages if necessary.)

PLEASE REVIEW VARIANCE REQUEST DOCUMENT (VARIANCE 3-501.11)

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.)*

NIKKO ENTERPRISE CORPORATION'S HAZARD ANALYSIS CRITICAL CONTROL POINT PLAN IS INCLUDED.

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

- 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:

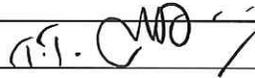
PH TESTING IS REQUIRED FOR ANY BATCHES OF RICE BEING MADE. ALL EMPLOYEES ARE REQUIRED TO FILL OUT A DAILY PH LOG EVERYDAY RICE IS BEING MADE, AND MUST FAX/EMAIL COMPLETED LOG AT THE END OF THE WEEK TO OUR CORPORATE OFFICE FOR FURTHER REVIEW.
(DAILY PH LOG INCLUDED)

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

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:



Printed Name, Title: TLANG T. MAWII-MYINT, PRESIDENT