

APR 26 2016

**FOOD PROTECTION PROGRAM
INDIANA STATE DEPT OF HEALTH**

**REQUEST FOR VARIANCE**

State Form 51184 (R / 5-13)
Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH
Telephone: 317/234-8569 FAX: 317/233-9200

1. Individual Submitting Request:		Date: <u>04/13/2015</u>	
Name: <u>Therese Maloney</u>		Telephone: <u>(317) 610-4150</u> Fax: <u>()</u>	
Mailing Address: <u>4790 W 16th Street</u>		Email: <u>tmaloney@levyrestaurants.com</u>	
<small>Number and Street</small>	<u>Indianapolis</u>	<small>IN</small>	<u>46222</u>
<small>P.O. Box</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
2. Person/Organization Seeking Variance:			
Name: <u>Levy @ Indianapolis Motor Speedway</u>		Email: _____	
Mailing Address: <u>4790 W 16th Street</u>			
<small>Number and Street</small>	<u>Indianapolis</u>	<small>IN</small>	<u>46222</u>
<small>P.O. Box</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
3. Food Establishment(s) for Which Variance is Sought			
<small>Include the following information for each food establishment: (List here or attach additional pages if necessary.)</small>			
• Physical Location (if different than mailing address): _____			
• Mailing Address: _____ <small>(Number, Street, City, State, and ZIP Code)</small>			
• Telephone Number: <u>()</u> Fax Number: <u>()</u>			
• Person at each retail food establishment most responsible for supervising: <u>Travis Taylor</u>			
4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:			
<small>(Attach additional pages if necessary.)</small> Installing small portable carts that are to be moved throughout the space. The carts are small in size and will have a 5 gallon tank for water and 7.5 tank for waster water.			
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.)			
Fresh water will be supplied to the tanks prior to each event and the waster water will be drained after each event.			

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:

NA - the carts are utilized throughout the county and state on a case by case basis.

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

They are portable carts that are smaller in size and not a food truck/trailer.

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

Fresh water to be supplied before the event and waste water dumped after each event.

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

NA

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

Fresh water will be supplied throughout the use as will the draining/removal of the waste water.

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:

Levy will comply with all food establishment regulations.

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

Marion County Health Department.

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

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10. Signature of Individual Making Request: _____

Printed Name, Title: Levy Restaurants @ IMS - Director of Operations