



Template for Variance Request from CFPM Requirements for Permit Holders

Date

Office of Food Protection Manager
Division of Public Health
Jessie Cooper Memorial Building
417 Federal Street
Dover, DE 19901-0637

Dear Office of Food Protection Manager,

I am submitting this letter to request a variance from 2-102.12 of the State of Delaware Food Code, the requirement that at least one employee, the person in charge at the time of inspections, shall be a Certified Food Protection Manager (CFPM).

Name of Food Establishment: _____

Person in Charge: _____

Food Establishment Business ID (Permit) Number: _____

Address of Food Establishment: _____

Phone Number of Food Establishment: _____

As Permit Holder, I am requesting a variance from the requirement to have a CFPM during all hours of operation. **[The requester must include a statement of the proposed variance, i.e. other type food safety training here.]**

Also as Permit Holder, I have included a statement outlining how potential foodborne illness will be avoided and addressed in the absence of having a CFPM during all hours of operation.

I understand that this request may take 30 business days to review.
Thank you for the consideration,

Name of Permit Holder: _____

Mailing Address: _____

Home / Cell Phone Number: _____

Revised 1.29.16