



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
(781)- 751-9220
www.dedham-ma.gov



Public Health
Prevent. Promote. Protect.

Application for a Food Establishment Variance

A variance is a waiver that the Board of Health must approve which allows a food service establishment to deviate from a requirement in the Food Code or a local food regulation. A variance is a one-time review; it does not have to be renewed with annual food permit renewals. Variances can be revoked due to violations of the approvals outlined by the board of Health or for any other reason the Board of Health deems fit.

Variance Request Procedure:

Step 1: Applicant submits written variance request to the Health Department. The Health Department reviews the application to ensure completeness. Applications must be submitted with any relevant supportive documents (such as a HACCP plan if necessary) for the variance request.

Step 2: The Health Department sets a hearing date before the Board of Health after proper submission has been determined.

Step 3: The applicant is present for the Board of Health hearing. The Board can approve, conditionally approve, or deny the variance request. Approval will only be granted if, in the opinion of the Board of Health, the reasoning for variance is sound and the variance request will not create a health hazard or nuisance condition.

Step 4: An official variance request outcome letter will be issued by the Health Department.

Note: The following specialized food processes require a HACCP plan: smoking, curing, sprouting, fermentation, drying, operating a raw molluscan shellfish tank life support tank, using food additives to render a food not potentially hazardous (i.e., acidification of sushi rice), using reduced oxygen packaging, and custom processing of animal.



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Please check the variance you are seeking:

- Food Code Variance - Pursuant to Section 105 CMR 590.010
- Local Regulation Variance – Pursuant to Food Service Establishment Regulation
- Local Regulation Variance – Pursuant to Rules and Regulations for the Maintenance of Grease Traps and Removal of Grease from Food Establishments
- Other: _____

Establishment Information:

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Applicant Information:

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

State which regulation section(s) you wish to seek a variance for:

State the reasons you feel the Board of Health should grant your requested variance. Submit all necessary documentation to support your request. Use additional pages if necessary.

Explain the practices that will be put in place to prevent potential public health hazards and nuisances related to the variance request. Use additional pages if necessary.

Applicant Signature: _____ Date: _____