



Application for Variance from Requirements of Hemp Emergency Rule

Application Date: _____

| General Information | | |
|--|------|---------------------|
| Name of Person Requesting Variance: | | NMED Permit Number: |
| Name of Establishment: | | Phone: |
| Street Address: | | Cell: |
| City: | | Fax: |
| State: | Zip: | Email: |
| Mailing Address (if different than above): | | |
| City: | | |
| State: | Zip: | |

| Proposed Variance: | | |
|---|--------------------------------|---|
| I believe the issuance of a variance to the above provisions will not expose consumers to adverse environmental health conditions, will not create any health hazards, and will not create a nuisance; and will protect the health and safety of the public and food service establishment employees. | | |
| Relevant code section number | Statement of Proposed Variance | Rationale for how the potential public health hazards will be alternatively addressed by the proposal |
| | | |
| | | |
| | | |
| | | |
| Please attach additional page(s) if further space is needed | | |
| Signature: | | Date: |

| Variance Duration: | |
|--|--------------------|
| I request the variance be effective for the following period of time (not to exceed 2 years) | |
| Proposed Begin Date: | Proposed End Date: |

| Action by NMED: | |
|---|---------------------------------|
| NMED has reviewed the request for variance, and it appears that the proposal will Meet <input type="checkbox"/> Not Meet <input type="checkbox"/> the requirements for granting a variance as specified in 7.6.2 NMAC. The variance is hereby: | |
| Granted <input type="checkbox"/> | Denied <input type="checkbox"/> |
| <i>See attached for variance conditions or reasons for denial</i> | |

The applicant may request a hearing in accordance with 20.10.2 NMAC if dissatisfied with the action taken by the Department. The request must be made within 10 days of the Department's decision.

| Variance Duration: | |
|--|-----------|
| The variance will remain effective for the following period of time and with the following conditions: | |
| Effective beginning date: | End date: |
| NMED Authorized Manager Signature: | Date: |