

Municipality of Anchorage
Department of Health and Human Services

VARIANCE REQUEST FORM MOBILE FOOD UNIT OUTSIDE STORAGE OF ICE

No variance review fee will be charged if the vendor agrees to follow the approved alternative methods. A \$100 Variance Review fee may apply if the vendor requests a different method.

Facility name	Facility Phone #
Facility address	
Owner name	email address:
Mailing address	

Specific code that the variance request is for:

16.60.230(D)(2)- Mobile food units and kiosks

The operator of a self-contained mobile food unit or kiosk is not required to work out of a commissary as described in section B. above if the department determines the unit has:

(2) Adequate storage facilities within the unit for all food, equipment, utensils, including single-service items, and supplies used in the operation.

Reason the requirement cannot be met:

The Mobile Food Establishment (MFE) has limited interior freezer capacity and requires additional frozen storage space to support operations.

Describe the alternate method proposed to meet the purpose of the requirement:

The permit holder requests approval to store packaged/bagged ice in a dedicated freezer located outside the permitted MFE. No other foods will be stored in this freezer. Because ice is considered food, it must be protected from contamination and stored to prevent exposure to contamination sources. The freezer will be managed under the conditions in this variance to prevent contamination, unauthorized access, and improper use.

- The external freezer is restricted to ICE ONLY that will be used as a food ingredient (bagged/packaged ice).
- No other foods may be stored in the external freezer at any time.
- Freezer must be located in a position easily visible to MFE workers (not more than 50 feet from the permitted mobile unit) to support oversight and deter tampering/misuse.
- Freezer must be maintained clean, intact, and closed to protect ice from contamination from the environment (e.g., splash, dust, pests).
- Freezer must remain locked and secure at all times except when ice is being placed into or removed from the freezer.

Signed: _____ (Use additional pages if necessary) Date _____

***If a HACCP plan is required as specified in 8-201.13(A), it must include the information as specified in 8-201.14 as it is relevant to this variance. The HACCP plan must be included with this variance request if it is required.**

FOR OFFICE USE ONLY

Approved Conditional Deny Comments attached

Signed: _____ Date _____

Program Manager

revised 05-2026