



## CITY OF COLUMBIA/BOONE COUNTY, MISSOURI

Page 1 of 2

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH

### Columbia/Boone County Department of Public Health and Human Services Pet Friendly Patio Variance Application and Instructions

The City of Columbia Food Code currently prohibits pets in food establishments (including on patios). In strict compliance with the pet friendly patios provisions as set forth, a food establishment may allow customers to be accompanied by pets in outdoor dining areas following approval of the variance. The variance requirement is designed to ensure that the proposed method of operation is carried out safely.

Date of Request:	Establishment Name:
Establishment Address:	
Owner/Responsible Agent:	Contact Phone:
Mailing Address:	

Description of variance requested and applicable food code number:

Describe how the potential public health hazards stated in the relevant Code sections will be alternatively addressed by the proposal?

Please use this space to sketch a diagram of the proposed pet friendly area. Outdoor bars, wait stations, pet clean up disposal and supply storage areas, doors to the building as well as entrance/exits to patio area must be included.

Please attach the establishment's written procedure on how complaints will be handled as well as the processes on how to address aggressive or ill-behaved animals.

**I understand that I am responsible for the enforcement of all conditions specified in this Variance and is subject to all other applicable City Codes and Ordinances. I hereby certify that the above information is correct, and I have provided all relevant material to the best of my ability.**

**I understand until such time as this pet-friendly patio proposal is approved I must cease operation of any pet-friendly patio activity. I understand that by submitting this application in no way guarantees that my application will be approved. I understand that if this application is approved it can be rescinded immediately during any official inspection if there is evidence of non-compliance with the approved process.**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY Received by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Approval: Y    N    Date: \_\_\_\_\_

Please attach any additional information or documentation as needed.