

IOWA ALCOHOLIC BEVERAGES DIVISION
1918 SE HULSIZER ROAD, ANKENY, IOWA 50021
Telephone: 515-281-7400 Toll Free 1-866-IOWAABD
Licensing and Regulation Fax: 515-281-7375

**FORM FOR
PETITIONS FOR WAIVERS FROM ADMINISTRATIVE RULES**

This form may be used to seek a waiver or variance from an administrative rule adopted by the Alcoholic Beverages Division. A waiver, if granted, may excuse the petitioner from the requirements of a rule in its entirety or in part, or may modify the requirements of a rule, for a period of time or permanently. The process for seeking a waiver from an administrative rule and the standards under which the petition will be evaluated are described in 185 Iowa Administrative Code chapter 19. Please keep in mind that the Alcoholic Beverages Division is not allowed to waive or alter a statutory duty or requirement.

Criteria for a waiver includes clear and convincing evidence that:

1. The application of the rule would impose undue hardship on the person for whom the waiver is requested;
2. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person;
3. The provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or another provision of law; and
4. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver was requested.

| PETITION INFORMATION (please type or print clearly) | |
|---|-------------------------------|
| Name of Business (D/B/A): _____ | Licensee/Permit Number: _____ |
| Address of Business: _____ | Contact Name: _____ |
| Business Telephone: _____ | Contact Number(s): _____ |
| Fax Number: _____ | _____ |

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| List the number and a description of the rule from which you are requesting a waiver (i.e. 185 – 4.41). |
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WAIVER REQUESTED

Briefly describe the nature of the waiver that you are requesting and the period of time you want the waiver to last.

SPECIFIC INFORMATION ABOUT THE WAIVER YOU ARE REQUESTING

What are the facts and reasons that, in your opinion, provide "clear and convincing evidence" supporting a waiver of the rule? Be sure to explain in your answer why you feel the rule poses an undue hardship on you.

List the name, address and telephone number of any person or entity that would be adversely affected by the granting of this waiver.

List the name, address and telephone number of any other state or federal boards or agencies, or local governmental bodies, such as a city or county, which also regulates the area in question, or which might be affected by the granting of this waiver.

How will the public health, safety and welfare be protected if your request for a waiver is granted?

Provide a history of any prior contacts between you and the Alcoholic Beverages Division relating to the regulated activity or license affected by the proposed waiver, including a description of each affected license held by you, any notices of violation, contested case hearings, or investigative reports relating to the regulated activity or license within the past five years.

Do you know how the Alcoholic Beverages Division has treated similar situations?

Yes

No

If yes, describe how similar situations were handled.

List the name, address and telephone number of any persons with knowledge of the relevant facts relating to the proposed waiver.

When complete please save and email this form to AdminActions@IowaABD.com or save form and attach saved form to an email.

SIGNATURE

I attest to the accuracy and truthfulness of the information contained in this petition. I authorize any persons with knowledge of the relevant facts relating to the requested waiver to release any information to the Alcoholic Beverage Division to which this petition is directed.

Signature

Date