



Prevent • Promote • Protect

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[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

## Application for Variance- Indoor Site

*Please email a completed application and supplemental documents to  
[COVIDBusinessRecovery@elpasoco.com](mailto:COVIDBusinessRecovery@elpasoco.com).*

### **Applicant Contact Information:**

Name: \_\_\_\_\_

Phone Number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Title/Relationship to Site: \_\_\_\_\_

### **Site Information:**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

### **Variance Request Information:**

Variance Request % Capacity: \_\_\_\_\_

Variance Request # of People: \_\_\_\_\_

Safety Plan Coordinator: \_\_\_\_\_

