

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY FOOD AND HOUSING DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 PHONE: (858) 505-6900 | FAX: (858) 999-8920 www.sdcdehg.org

PUBLIC HEALTH PERMIT TO OPERATE A FOOD FACILITY

AFFIDAVIT FOR A VETERAN'S FEE EXEMPTION

Section 16102 of the Business and Professions Code allows every Soldier, Sailor or Marine of the United States, who has received an honorable discharge or a release from active duty under honorable conditions from such service, to hawk, peddle, and vend any goods, wares or merchandise owned by him, (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax, or fee whatsoever, whether municipal, county or state.

To operate a food facility under this exemption, qualified individuals must file this affidavit with the Department of Environmental Health and Quality, along with their application for a Public Health Permit to operate a food facility and the supporting documentation listed below.

BUSINESS INFORMATION

Business Name:						
Business Location:						
	Street #	Street Na	ame		City	Zip Code
Mailing Address (if	different than	above):				
,		, -	Street #	Street Name	City	Zip Code
Business Owner (Ve	eteran):					
Phone:		Ema	il:			
Type of business: _						
Type of food that wi	Il be sold:					

REQUIRED SUPPORTING DOCUMENTATION

- Veterans Service DD 214 (this document shows honorable discharge)
- Verification of owner Driver's license or similar
- Proof of Single Ownership of Business (Sole Proprietorship) Business license, business lease or Board of Equalization identification. Proof of Sole Proprietorship <u>does not</u> include Partnerships, Limited Liability Companies (LLC), Incorporations (Inc.) or Corporations (Corp.).

THE FOREGOING IS TRUE OF MY KNOWLEDGE, EXCEPT AS TO THE MATTERS WHICH ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS DO THOSE MATTERS, I BELIEVE THEM TO BE TRUE.

I DECLARE UNDER PENALTY OF PERJURY, BY THE LAW OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

Printed Name:							
Signature:			Date:				
Please Note: Your application application is approved or if ad upon approval of a Veteran's E consultations and the Public Heres related to expedited plan additional reinspections, or for la Please be advised that application granted. If you are going through	will be processe ditional informati exemption only in alth Permit to op review or plan ate fees. ants must meet on the Plan Check	d within five on is require clude the sterate a food check inspe	business days. You will be notified if your ed to complete the process. Fees waived andard Plan Check process, Plan Check facility. Exemptions will not apply for any ctions, after-hours inspections, regrades, nents before the Veteran's Exemption is decide to obtain your Public Health Permit				
before approval of the exemption, any fees paid will not be refunded. Fees will be waived after the exemption is granted.							
(Office Use Only)							
☐ APPROVED:			☐ DISAPPROVED				
Printed Name:		☐ Incomplete Documentation Received					
Title:			from the Applicant.				
Signature:		Missing/Incomplete Information:					
Date:							
Applicant notified on:	By:						
Notification done by: □	Phone call	☐ Email	☐ In person at the counter				