



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport, CA 95453-9739
Lakeport Office (707) 263-1164/FAX 263-1681

**VETERAN'S FEE
EXEMPTION FOR PUBLIC
HEALTH PERMIT**

**AFFIDAVIT FOR A VETERAN'S FEE EXEMPTION
FOR THE PUBLIC HEALTH PERMIT TO OPERATE A FOOD BUSINESS**

This exemption is in accordance with Section 16102, Business and Professional Code, which 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, may 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.

This affidavit, together with listed documentation, is to be filed with the County Health Department in conjunction with the application for a Public Health Permit to operate a food sales business.

Name of Establishment: _____ **Phone #:** _____

Address of Establishment: _____

Mailing Address (if different): _____

Owner of Business (Veteran): _____ **Phone #:** _____

Owner's Address: _____

Business Description (Describe kinds of food sold and type of facility sold from): _____

Business Arrangements With Others (Describe ownership of products and paid, franchise, or consignment, commissions, number of employees): _____

Source of Food Supplies (Name and location of suppliers): _____

Proof of Ownership of Business (Submit copies): Business Lease _____

Business License _____ Board of Equalization _____

Verification of Owner/Veteran Identity: Driver's License _____ State _____

Class _____ Expiration Date: ____/____/____ Birthday ____/____/____

Veteran's Service: USA USN USMC USAF USCG USPHS

Service Documentation: Attach copy of Honorable Discharge or other evidence of honorable release from U. S. Armed Services.

I understand that I am not eligible for consideration for veterans exemption if I engage in the sale of spirituous, malt vinous or other intoxicating liquor. Initial _____

The foregoing is true of my own knowledge, except as to the matters which are therein stated on my own information and belief, and as to those matters, I believe them to be true.

I declare and certify under penalty of perjury, by the law of the State of California, that the foregoing is true and correct.

Date: _____

Applicant Signature

Approved Disapproved

Signature

Registered Environmental Health Specialist

For Office Use Only

Date Received: _____

Category: _____

Approved: _____

Denied: _____

Facility No: _____

New Business – Opening: ____/____/____

Existing Establishment: _____

Change of Ownership: ____/____/____

Former Name: _____

Inspection Freq. _____ Due ____/____/____

Circle:

Retail/Restaurant

Open/3mos/6mos

Open Year Around

Lakeport/S.Shore