County of Sonoma Department of Health Services
Environmental Health & Safety
625 5th Street ❖ Santa Rosa, CA 95404
707-565-6565 ❖ Fax 707-565-6525
www.sonoma-county.org/eh

sonoma county
DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR VETERANS' EXEMPTION FOR RETAIL FOOD PERMIT

You must renew this exemption each year.

If you fail to renew your Application for Veterans' Exemption each year, you will be required to pay the normal food industry permit fees.

Business Name _____ ID# _____

Owner Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip_____

With this application, I declare the following:

1. I am an honorably discharged or released veteran from United States military service, having served in the United States_____(Branch of Service) from _____ to _____. **Please attach copy of DD 214.**

2. I am the **Sole Proprietor** of this business; the business is **not** a corporation (DHS AO#87-11). "In the event the food facility permit involves multiple owners or operators seeking exemption, and one or more of the owners or operators is **not** a United States Veteran, the permit fee shall be prorated to reflect the United States veteran's interest in the business and ownership of the food sold."

3. I am presently engaged in the sale of certain food items to the public from the following events, locations and/or vehicles:

4. All food items that are sold by me, my agents, or employees from the events, locations and/or vehicles described above in item #3 are my property at the time of sale to the general public.

5. I, my agents or employees, will at no time sell food items that I do not own prior to the time of sale.

6. I do not sell spirituous, malt, vinous or other intoxicating liquor.

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

_____ _____
Applicant Signature *Date*

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