



ENVIRONMENTAL MANAGEMENT DEPARTMENT

http://www.edcgov.us/EMD/

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(530) 642-1531 Fax

LAKE TAHOE OFFICE:

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South Lake Tahoe, CA 96150
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APPLICATION FOR VETERAN'S FEE EXEMPTION

This exemption is in accordance with **Section 16102, Business and Professions 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, to hawk, peddle, and vend any goods, wares or merchandise owned by him or her (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax, or a fee whatsoever, whether municipal, county or state. This affidavit, together with listed documentation, is to be filed with the County of El Dorado, Environmental Management Division in conjunction with the application for an Environmental Health permit to operate a food vending business.

New Annual Renewal – If no changes, initial alcohol statement acknowledgment and sign document

BUSINESS INFORMATION			OWNER (VETERAN) INFORMATION		
Business Name:			Business Owner(s) Name:		
Location Address or Vehicle Description:					
Mailing Address:			Mailing Address:		
City:	State:	Zip	City:	State:	Zip
Phone:			Home/Cell Phone:		
Number of Employees:					

Business Description: Describe the kinds of food sold, the type of facility they are sold from:

Proof of Ownership of Business: Must be sole owner or co-owned with other eligible veterans, not a corporation. Include copy of current Business License with exemption application.

ID Verification

Driver's License No.	State Issued	DOB:	Expiration Date:
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Veteran's Service Branch

- USN USMC USAF USCG USPHS US Army
 Other (Describe):

SERVICE DOCUMENTATION: Attach a copy of your Honorable Discharge or other evidence of honorable release from the United States Armed Services (DD214). *Not required for annual renewals.*

____ (Initial) **I understand that I am not eligible for consideration for Veterans exemptions if I engage in the sale of alcoholic beverages.**

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

Signature of Veteran _____ Date _____

OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied - Reason	Date:
FA#	Name of District REHS:	Signature of District REHS or Supervisor: