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 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 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, and the board of supervisors shall issue to such soldier, sailor or marine, without cost, a license therefor.

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.

1. Business Name: ____________________________________________________________
2. Business Location: _________________________________________________________
3. Mailing Address: ___________________________________________________________
4. Permit Number: Date: _______________ Phone: (___) _____________________________
5. Business Owner (Veteran): _________________________________________________
6. Owner Address: _____________________________________________________________
7. Business Description: (Describe kinds of food sold and type of facility sold from). __________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
8. Business arrangements with others: (Describe ownership if products and how paid; franchises, consignment; commissions; number of employees). _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
9. Source of Food Supplies: (Name and location of suppliers). _______________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

1270 Natividad Rd., 1200 Aguajito Rd, Rm 103 620 Broadway, Ste. N
Salinas, Ca 93906 Monterey, CA 93940 King City, Ca 93930
831-755-4508 831-647-7654 831-386-6899
10. Proof of Ownership of Business: *(Submit Copies)*

- Bus. Lease [   ]
- Bus. Lic. [   ]
- Brd of Equal. [   ]

11. Verification of Owner/Veteran Identity:

<table>
<thead>
<tr>
<th>Driver’s License</th>
<th>State</th>
<th>Class</th>
<th>Expir. Date</th>
<th>Birthdate</th>
<th>Other</th>
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12. Veteran’s Service

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<th>USN</th>
<th>USMC</th>
<th>USAF</th>
<th>USCG</th>
<th>USPHS</th>
</tr>
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13. Service Documentation: *(Attach copy of Honorable Discharge (form DD214) or other evidence of honorable release from U.S. Armed Services)*.

14. I understand that I am not eligible for consideration for a 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 do those matter, 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: ____________________________

Signature

Approved: [_____]

Disapproved: [_____]

Signature

Title

Monterey County Health Department
1270 Natividad Road
Salinas, CA 93906