

# MONTEREY COUNTY HEALTH DEPARTMENT

1270 Natividad Rd.,  
Salinas, Ca 93906  
831-755-4508

1200 Aguajito Rd, Rm 103  
Monterey, CA 93940  
831-647-7654

620 Broadway, Ste. N  
King City, Ca 93930  
831-386-6899



## 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).* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Proof of Ownership of Business: *(Submit Copies)*

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

11. Verification of Owner/Veteran Identity:

Driver's License    State    Class    Expir. Date    Birthdate    Other  
[                    ] [    ] [    ]    [ / / ] [ / / ] [    ]

12. Veteran's Service    [    ] [    ] [    ] [    ] [    ] [    ]  
                                  USA    USN    USMC    USAF    USCG    USPHS

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