

ENVIRONMENTAL MANAGEMENT DEPARTMENT

https://www.eldoradocounty.ca.gov/County-Government/County-Departments/Environmental-Management

PLACERVILLE OFFICE:

2850 Fairlane Court Placerville, CA 95667 (530) 621-5300 (530) 642-1531 Fax

LAKE TAHOE OFFICE:

924 B Emerald Bay Road South Lake Tahoe, CA 96150 (530) 573-3450 (530) 542-3364 Fax

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 Re	newal – If no changes, in	itial alcohol s	tatement ackno	wledgment and si	gn docume	nt	
BUSI		OWNER (VETERAN) INFORMATION					
Business Name:	Business O	Business Owner(s) Name:					
Location Address or Vehicle De	scription:						
Mailing Address:			Mailing Ad	Mailing Address:			
City:	State:	Zip	City:	:	State:	Zip	
Phone:			Home/Cell	Home/Cell Phone:			
Number of Employees:							
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		le		T			
Driver's License No.	State Issued		DOB:		Expiration	i Date:	
	_		□ uscg scharge or othe	□ USPHS	orable relea	US Army ase from the United	
States Armed Services (DD214							
(Initial) I understand beverages.	l that I am not eligible fo	r consideratio	on for Veterans	exemptions if I e	ngage in the	e sale of alcoholic	
I declare and certify under pe	nalty of perjury, by the la	w of the Stat	e of California, t	that the foregoing	is true and	correct.	
Signature of VeteranDate							
		OFFICE US	SE ONLY				
Approved	Denied - Reason			Date:			
FA#	Name of District REHS	Jame of District REHS:		Signature of District REHS or Supervisor:			

Revised: April 2, 2020