



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

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ENVIRONMENTAL HEALTH DEPARTMENT

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**VETERAN'S EXEMPTION FORM
FOR THE PUBLIC HEALTH PERMIT TO OPERATE A FOOD FACILITY**

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 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 fee whatsoever, whether municipal, county or state".

This affidavit, together with the listed documentation, is to be filed with the Department of Environmental Health *in conjunction with* the application for public health permit to operate a food facility.

Business Name: _____ Phone Number: _____

Business Address: _____

Owner (Veteran): _____ Phone Number: _____

Owner Mailing Address: _____

VEHICLE:	MAKE / MODEL	YEAR	LICENSE #	STATE	VIN #

BUSINESS DESCRIPTION Describe kinds of food sold and type of facility sold from.

BUSINESS ARRANGEMENTS WITH OTHERS Describe ownership of products and how they are paid for; franchises, on consignment, commissions, number of employees. _____

SOURCE OF FOOD SUPPLIED Name and location of suppliers. _____

PROOF OF OWNERSHIP (Submit copies)

Business Lease

Business License

Board of Equalization

VERIFICATION OF OWNER/VETERAN IDENTITY

Driver's License # _____ State: _____ Class: _____ Exp. Date: _____ Birthdate: _____

VETERANS SERVICE

USA

USN

USMC

USAF

USCG

USPHS

SERVICE DOCUMENTATION

Please attach a copy of Honorable Discharge or other evidence of honorable release from US Armed Services.

I UNDERSTAND THAT I AM NOT ELIGIBLE FOR CONSIDERATION FOR VETERANS EXEMPTION IF I ENGAGE IN THE SALE OF SPIRITUOUS, MALT, VINOUS OR OTHER INTOXICATING LIQUOR.

THE FORGOING IS TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THE METTER WHICH ARE THEREIN STATED ON MY OWN INFORAMTION AND BELIEF, AND AS TO THOSE MATTERS, 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.

Signature: _____

Date: _____

OFFICE USE ONLY

Approved

Not Approved

Signature: _____

Date: _____

Notes: _____

