

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 Kern Environmental Health Services Department in conjunction with the application for an Environmental Health permit to operate a food facility.

Name of Business:
Business Location / Vehicle Description:
Business Mailing Address:
Name of Business Owner (Veteran): Must be sole owner or co-owner with other eligible veterans, not a corporation. Submit a copy of Board of Equalization form <u>and</u> a Business Lease or License.
Owner Mailing Address:
Description of Business: (Describe the kinds of food sold, the type of facility they are sold from and the source of food supplies etc.)
Describe ownership of products and how paid. (i.e.: franchises, on consignments, commissions etc.)
Number of Employees:
Driver's License # _____ State _____ Expires _____ DOB _____
Military Service: Branch: _____ Dates of Service: _____ to _____ Attach a copy of your Honorable Discharge or other evidence of honorable release from the United States Armed Services.

I understand that I am not eligible for consideration for Veterans exemptions if I engage in the sale of spirituous, malt, vinous or other intoxicating liquor malts. Initials _____.

The foregoing is true to the best of my knowledge, except as to the matters which are herein stated on my own information 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 of Veteran _____

Date _____

FOR OFFICIAL USE	Date Approved:	Date Denied:	Permit:	EHS:
	Reason denied (if applicable):			