



## APPLICATION FOR EXEMPTION FROM ENVIRONMENTAL HEALTH PERMIT FEES

Kern County Ordinance Code, Section 8.04.080 states that the director of environmental health shall issue a permit without requiring a fee to:

- A. Any blind person that has a certificate issued by a licensed physician and surgeon or by the Department of Rehabilitation of the state of California that he is a blind person.
- B. Any person which conducts exclusively for charitable purposes an activity which is exempt from payment of income taxes under Section 501(c) (3) of the United States Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code.
- C. Any person that is exempt from a permit fee under Section 6103 of the California Government Code.
- D. Any person at the discretion of the director of environmental health division.

This application together with documentation shall be filed with the Kern County Environmental Health Division.

<b>Exemption Requested For</b> (Check all that apply)	<input type="checkbox"/> Food Facility	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Water Hauler
	<input type="checkbox"/> Mobile Food Facility	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Water System – Food Facility
	<input type="checkbox"/> Temporary Food Facility	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Tobacco Retailer
	<input type="checkbox"/> Community Event Sponsor	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Licensed Health Care <input type="checkbox"/> Commissary
<b>Business or Organization</b>			<b>Phone Number</b>
<b>Address</b> (if fixed location)			<b>Fax Number</b>
<b>Mailing Address</b>			
<b>Owner/Contact</b>			<b>Phone Number</b>
<b>Owner/Contact Mailing Address</b>			
<b>Submit Copy of Proof of Ownership and Documentation of Tax-Exempt Status</b>			
<b>Proof of Ownership</b>	<input type="checkbox"/> Board of Equalization <b>and</b> <input type="checkbox"/> Business Lease <b>or</b> <input type="checkbox"/> Business License		
<b>Documentation of Tax Exempt Status</b>	<input type="checkbox"/> Certificate issued by physician or Department of Rehabilitation that applicant is blind	<input type="checkbox"/> California Government Code 6103	
	<input type="checkbox"/> Federal Internal Revenue Service 501(c)(3) <b>and</b> <input type="checkbox"/> State of California 23701d		
	<input type="checkbox"/> Federal Internal Revenue Service other than 501(c)(3) or for-profit entity donating all proceeds to a charitable cause. Complete both the first and second page of this document.		
I declare and certify under penalty of perjury, by the law of the State of California, that the information provided is true and correct.			
Signature of Applicant _____ Date _____			
Title of Applicant _____			
<b>For Official Use Only</b>			Account #
Signature _____	Approved _____		Facility #
Date _____	Disapproved _____		Program #

# For-Profit Entity and Federal Internal Revenue Service Other Than 501(c)(3) Affidavit

The business/organization named is participating at the community event stated for the benefit of a non-profit association. The business/organization will receive no monetary benefit other than name recognition from participating in the event.

Community Event Information	
<b>Event Name</b>	
<b>Event Location</b>	
<b>Event Contact</b>	
<b>Event Phone Number</b>	
<b>Event Dates</b>	

For Official Use Only			
<i>Community Event</i>		<i>Food Facility</i>	
Account #		Account #	
Facility #		Facility #	
Program #		Program #	