



## **EXEMPT LIMITED OPERATION FACILITY**

Business Name:					Business Phone #:			
Site Address:				City:			Zip Code:	
Owner Name	<b>)</b> :		Owner Phone			Phone #:		
Owner Address:				City:			Zip Code:	
The undersigned states that the owner/operator of the above-mentioned facility understands that this facility is exempt from obtaining an Environmental Health Services Permit for the retail sale of food and agrees to operate in accordance with said exemption. Any planned deviation in the facility's operation shall be reported to this Division for a review of the facility's exempt status. The owner/operator understands that any deviation in operation may void the facility's exempt status with this Division, at which time a valid permit is required. The undersigned also states that the owner/operator understands that operating outside of this exemption, without a valid health permit, is a misdemeanor and punishable as such according to the California Health and Safety Code, Division 104, Part 7, California Retail Food Code. EXEMPT STATUS BASED ON THE SALE AND STORAGE OF COMMERCIALLY PREPACKAGED NON-POTENTIALLY HAZARDOUS FOODS IN A COMBINED AREA NOT TO EXCEED 25 SQUARE FEET.								
Owner/Operator Signature			Print Name			EHS Signature		
TO	BE COMP	LETED BY R	EGISTERED L	ENVIRON	MENTAL	HEALTH	SPECIA	ALIST
Date:	Refrigerat	tion Present:	Yes	or No	Арр	roved:	Yes	or No
Types of Food Sold:								
FOR OFFICIAL USE ONLY								
Program ID				Date Mailed			Facility ID	
Previous Owner ID		New Owner ID		Мар#			Service Request #	
Total Fees Paid		Received By		Date Paid			Accounting ID	

Grounded in Health