



KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA, 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

EXEMPT LIMITED OPERATION FACILITY

| | | | |
|-----------------------|--------------|--------------------------|--|
| <i>Business Name:</i> | | <i>Business Phone #:</i> | |
| <i>Site Address:</i> | <i>City:</i> | <i>Zip Code:</i> | |
| <i>Owner Name:</i> | | <i>Owner Phone #:</i> | |
| <i>Owner Address:</i> | <i>City:</i> | <i>Zip Code:</i> | |

*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 COMMERCIALY PREPACKAGED, NON-POTENTIALLY HAZARDOUS FOODS IN A COMBINED AREA NOT TO EXCEED 25 SQUARE FEET.***

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|---------------------------------|-------------------|----------------------|
| | | |
| Owner/Operator Signature | Print Name | EHS Signature |

TO BE COMPLETED BY REGISTERED ENVIRONMENTAL HEALTH SPECIALIST

| | | |
|----------------------------|---|--|
| <i>Date:</i> | <i>Refrigeration Present: Yes _____ or No _____</i> | <i>Approved: Yes _____ or No _____</i> |
| <i>Types of Food Sold:</i> | | |
| | | |

FOR OFFICIAL USE ONLY

| | | | |
|-------------------|--------------|-------------|-------------------|
| Program ID | PE | Date Mailed | Facility ID |
| Previous Owner ID | New Owner ID | Map # | Service Request # |
| Total Fees Paid | Received By | Date Paid | Accounting ID |