



**SOLANO COUNTY**  
**Department of Resource Management**

Environmental Health Division

675 Texas Street, Suite 5500

Fairfield, CA 94533

[www.solanocounty.com](http://www.solanocounty.com)

Telephone No: (707) 784-6765

Fax: (707) 784-4805

Bill Emlen, Director

Clifford K. Covey, Assistant Director

---

---

**APPLICATION - VETERAN'S FEE EXEMPTION**

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 good, 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 Solano Environmental Health Division in conjunction with the application for an Environmental Health permit to operate a food sales business.

1. **BUSINESS NAME:** \_\_\_\_\_

2. **BUSINESS LOCATION/VEHICLE DESCRIPTION:** \_\_\_\_\_

3. **MAILING ADDRESS:** \_\_\_\_\_

4. **BUSINESS OWNER NAME (Veteran):** \_\_\_\_\_

5. **OWNER ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_  
**STATE** \_\_\_\_\_ **PHONE (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_

6. **BUSINESS DESCRIPTION:** Describe the kinds of food sold and type of facility sold from.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **NUMBER OF EMPLOYEES:** \_\_\_\_\_

8. **BUSINESS ARRANGEMENTS WITH OTHERS:** Describe ownership of products and how paid; franchises, on consignment; commissions:  
\_\_\_\_\_  
\_\_\_\_\_

9. **SOURCE OF FOOD SUPPLIES:** (Name and location of suppliers).  
\_\_\_\_\_  
\_\_\_\_\_

---

---

Building & Safety  
David Cliche  
Building Official

Planning Services  
Mike Yankovich  
Program Manager

Environmental  
Health  
Terry Schmidbauer  
Program Manager

Administrative  
Services  
Suganthi Krishnan  
Sr. Staff Analyst

Public Works-  
Engineering  
Matt Tuggle  
Engineering Manager

Public Works-  
Operations  
Wayne Spencer  
Operations Manager

**10. PROOF OF OWNERSHIP OF BUSINESS:** Must be sole owner or co-owned with other eligible veterans, not a corporation. Submit a copy of Board of Equalization form *plus* either one of the following two: Business License or Business Lease.

a) \_\_\_ Board of Equalization Form    b) \_\_\_ Business License or \_\_\_ Business Lease

**11. VERIFICATION OF OWNER/VETERAN IDENTITY:**  
Please fill out this CONFIDENTIAL information on the next page

**12. USA VETERAN'S SERVICE:**  
\_\_\_ USN \_\_\_ USMC \_\_\_ USAF \_\_\_ USCG \_\_\_ USPHS \_\_\_ USARMY

**13. SERVICE DOCUMENTATION:** Attach a copy of your Honorable Discharge or other evidence of honorable release from the United States Armed Services.

**14. I UNDERSTAND THAT I AM NOT ELIGIBLE FOR CONSIDERATION FOR VETERAN'S EXEMPTION IF I ENGAGE IN THE SALE OF SPIRITOUS, MALT, VINOUS OR OTHER INTOXICATING LIQUOR. 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Veteran

---

**DO NOT WRITE BELOW LINE. FOR OFFICE USE ONLY.**

**APPROVAL DATE:** \_\_\_\_\_ **PERMIT NUMBER:** \_\_\_\_\_

**DENIAL DATE:** \_\_\_\_\_ **EXPLANATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Environmental Health Supervisor



**SOLANO COUNTY**  
**Department of Resource Management**  
Environmental Health Division  
675 Texas Street, Suite 5500  
Fairfield, CA 94533  
[www.solanocounty.com](http://www.solanocounty.com)

Telephone No: (707) 784-6765  
Fax: (707) 784-4805

Bill Emlen, Director  
Clifford K. Covey, Assistant Director

---

---

**CONFIDENTIAL INFORMATION**

**11. VERIFICATION OF OWNER/VETERAN IDENTITY:**

Drivers License #	State	Class	Expires	DOB	Other
_____	_____	_____	_____	_____	_____

Please attach a copy of your driver license below:

CONFIDENTIAL