



VETERANS' EXEMPTION FORM

This exemption is in accordance with [Section 16102, Business and Professions Code](#), which allows every person who has served in and has received an honorable discharge or a release from active duty under honorable conditions in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, to hawk, peddle, and vend any goods, wares or merchandise owned by that honorably discharged veteran, **(except spirituous, malt, vinous or other intoxicating liquor)**, without payment of any health permit.

This Veterans' Exemption Form must be submitted to San Bernardino County Environmental Health Services (EHS), along with the requested Service Documentation and the Health Permit Application to operate a food business.

BUSINESS INFORMATION		
Business Name:	Business Location/Vehicle Description/Commissary or Shared Kitchen address (if applicable):	
Mailing Address:		
Phone Number:	Business Owner Name:	Owner Phone Number:
Owner Address:		
Business Description:		
PROOF OF OWNERSHIP OF BUSINESS		
Must be sole proprietorship - Not a corporation. Please initial to confirm that the business owner has sole proprietorship of the business. Initial: _____ ←		
VERIFICATION OF OWNER/VETERAN IDENTITY		
Driver's License #:	State:	Class:
Expiration Date (MM/DD/YYYY):	Date of Birth (DOB):	Other:
Service Documentation: Attach a copy of the Certificate of Release or Discharge from Active Duty (DD form 214) or other evidence of honorable release from the US Armed Services.		
Annual Renewal: The above service documentation is required for annual renewal.		
ELIGIBILITY		
I understand that I am NOT eligible for consideration for veterans' exemption if I engage in the sale of spirituous, malt, vinous or other intoxicating liquor per Section 16102 Business and Professions Code . Initial _____ ←		
SIGNATURE		
The foregoing is true of my own 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.		
Veteran's Signature:		Date:
FOR AUTHORIZED PERSONNEL ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Authorized Personnel:
Reason for denial (if applicable):		