



Public Health
Environmental Health Services

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Website: ehs.sbcounty.gov
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VETERANS' TEMPORARY FOOD FACILITY (TFF) EXEMPTION FORM

In accordance with [Business and Professions Code Section 16102](#), Veterans may be exempt from paying license/ permit fees if they have served in the United States Armed Forces **and** received an honorable discharge.

The following must be submitted to San Bernardino County Environmental Health Services (EHS) on an annual basis for recertification:

- Veterans' Exemption Form,
- [Certificate of Release or Discharge from Active Duty \(DD form 214\)](#), and
- The Health Permit Application.

| FACILITY INFORMATION | | |
|--|--|------------------------|
| Facility Name: | | Facility Phone Number: |
| Business location/ vehicle description/ commissary or shared kitchen address): | | |
| Mailing Address: | | |
| LEGAL OWNER INFORMATION | | |
| Owner Name: | | Owner Phone Number: |
| Owner Email: | | |
| Owner Address: | | |
| OWNER AND VETERAN VERIFICATION | | |
| Driver's License #: | Expiration Date (MM/DD/YYYY): | Date of Birth: |
| State: | Identification Type: <input type="checkbox"/> REAL ID <input type="checkbox"/> State Driver's License <input type="checkbox"/> State Identification Card | |
| Service Documentation: <input type="checkbox"/> Attach a copy of the Certificate of Release or Discharge from Active Duty (DD form 214) or <input type="checkbox"/> Other evidence of honorable release from the US Armed Services. | | |
| CERTIFICATIONS | | |
| Please read and certify the statement below by initialing next to the statement: I have sole proprietorship of the business provided in the Facility Information section. <div style="text-align: right;">_____ Initials</div> | | |
| DECLARATION AND SIGNATURE | | |
| <input type="checkbox"/> Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form. | | |
| Signature: | | Date: |
| FOR AUTHORIZED PERSONNEL ONLY | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Authorized Personnel Signature: | |
| Reason for denial (if applicable): | | |