



AFFIDAVIT FOR EXEMPTION

Business Name: _____

Mailing Address: _____

Phone Number: _____

Business Owner: _____

Owner Address: _____ Phone: _____

- ☐ Any business or activity operated by a blind person who has a certificate issued by the Department of Rehabilitation of the State of California, (California Fee exemption code 8.04.670). **Include a copy of your certificate issued by the Department of Rehabilitation.**
- ☐ Any state-registered or tax-exempt person or organization operating, exclusively for a charitable purpose, a business or activity where no person benefits through the distribution of profits or other compensation. This applies to applicants requesting a fee exemption for temporary food booths or community events only. **Include a letter from the IRS with recognition of exemption under section 501(c)(3,4,6 or 7).**
Enter you current tax-exempt identification number: _____
- ☐ 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 may hawk, peddle and vend any goods, wares or merchandise owned by him, except spirituous, malt, vinous or other intoxicating liquor, without payment of any license, tax or fee whatsoever, whether municipal, county or State, and the board of supervisors shall issue to such soldier, sailor or marine, without cost, a license therefore. (State of California Business and Professionals Code, Section 16102). *Note: This code only exempts veterans from fees associated with selling goods (Food programs only) not services.* **Include a copy of your honorable discharge or release from active duty.**

Proof of Ownership	<input type="checkbox"/> Board of Equalization <i>and</i> <input type="checkbox"/> Business Lease or <input type="checkbox"/> Business License
I declare and certify under penalty of perjury, by the law of the State of California, that the information provided is true and correct.	
Signature of Applicant: _____ Date: _____	
Title of Applicant: _____	
For Official Use Only	
Signature: _____	Approved _____
Date: _____	Disapproved _____
Facility # _____	
Program Element # _____	