

BILL EMLÉN
Director
(707) 784-6765

TERRY SCHMIDTBAUER
Assistant Director
(707) 784-6765

JAGJINDER SAHOTA
Environmental Health Manager
(707) 784-6765

DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
COUNTY**

675 Texas Street, Suite 5500
Fairfield, CA 94533-6342
(707) 784-6765
Fax (707) 784-4805

www.solanocounty.com

Environmental Health Division

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).

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**

SAEED IRAVANI
Building Official
Building & Safety

MIKE YANKOVICH
Program Manager
Planning Services

JAG SAHOTA
Manager
Environmental
Health

SARAH PAPPAKOSTAS
Senior Staff Analyst
Administrative
Services

MATT TUGGLE
Engineering
Manager
Public Works
Engineering

CHARLES BOWERS
Operations
Manager
Public Works
Operations

CHRIS DRAKE
Parks Services
Manager
Parks

ROBERTA GOULART
Water & Natural
Resources Program
Manager

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

BILL EMLN
Director
(707) 784-6765

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Assistant Director
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CONFIDENTIAL INFORMATION

11. VERIFICATION OF OWNER/VETERAN IDENTITY:

Driver's License #	State	Class	Expires	DOB	Other
_____	_____	_____	_____	_____	_____

Please attach a copy of your driver license below:



SAEED IRAVANI
Building Official
Building & Safety

MIKE YANKOVICH
Program Manager
Planning Services

JAG SAHOTA
Manager
Environmental
Health

SARAH PAPPAKOSTAS
Senior Staff Analyst
Administrative
Services

MATT TUGGLE
Engineering
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CHARLES BOWERS
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