

## Exemption Certification for Community Events

### EXEMPTION REQUEST FORM

#### A. COMMUNITY EVENT

Name of Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Address of Event: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### B. VETERAN ORGANIZER OR FOOD BOOTH OPERATOR (Complete if Applicable)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ Veteran Organizer

☐ Veteran Food Booth Operator

#### C. NON-PROFIT TEMPORARY FOOD FACILITY VENDOR (Check Applicable Boxes)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Indicate exemption requested: ☐ FB-1 ☐ FB-2 ☐ FB-3

Provide a copy of Articles of Incorporation and proof of 501(C)3 status

#### D. FOR-PROFIT FOOD FACILITY DONATING ALL PROCEEDS

Food Facility DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

The undersigned hereby agree that **ALL** proceeds generated will be donated by for-profit" owner  
to Non-profit association

#### E. SIGNATURE

I Declare and Certify under penalty of perjury, that the above stated facts and attachments are true and correct pursuant to the California Code of Civil Procedure.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Please maintain a copy of the signed Exemption Certification on site during the event.

#### FOR DEPARTMENT USE ONLY

☐ Exemption Certification approved.

☐ Event Organizer does not meet the requirements for exemption certification.

☐ Temporary Food Facility operator does not meet the requirements for exemption certification.

☐ Expedited processing fee applies.

DPH EH Reviewer

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

