

TEMPORARY FOOD FACILITY

Exemption Certification for Community Events

To determine if you meet an exemption, please complete, and sign this form. Under specified conditions, vendor participants, non-profit organizations, blind persons, or veterans who participate in a community event may be exempt from County permit fees and/or the California Retail Food Code (Cal Code) requirements. Submit this form and required documents to communityevents@ph.lacounty.gov at least 30 days before the planned event. If eligibility is not met and a public health permit application is submitted less than 14 calendar days prior to the start of the event, an expedited processing fee of \$50.00 will be assessed.

COMMUNITY EVENT INFORMATION		
Name of Event:	Date(s) of the Event:	
Address of Event:	City:	Zip Code:
Name of Organizer:	Email:	
Mailing Address:	Phone:	
TEMPORARY FOOD FACILITY APPLICANT INFORMATION		
Name of Applicant:	Phone number:	
Mailing Address:	City:	Zip Code:
Email:		
DECLARATION OF EXEMPTION		
<p>Exemption Categories for TFF food booth/vendor. TFF booth may be exempt from a Public Health Permit (PHP) or California Retail Food Code (Cal Code) requirements based on the following. Check applicable section.</p> <ul style="list-style-type: none"> <input type="checkbox"/> You are a for-profit entity, such as a permitted food facility and hold a valid Public Health Permit that: <ul style="list-style-type: none"> • <u>gives food away</u> or <u>sells food</u> at an event with 100% of proceeds going to a nonprofit organization; and • operates not more than three (3) days in a 90-day period; and • received no monetary benefit, other than recognition from participating in an event. You are exempt from permit and fee requirements. Provide a copy of the food facility's PHP. <input type="checkbox"/> You are registered with the IRS as a 501(c) (3) organization and will provide all meals free to the recipients. You are not exempt from a PHP but exempt from the permit fees. Please provide: IRS 501(c) 3 Determination Letter <input type="checkbox"/> You are a veteran and may be eligible for the Veterans Fee Exemption. You are not exempt from a PHP but May be exempt from the fees. Please refer to Application Affidavit Fee Exemption on pages 2-3. <input type="checkbox"/> You are a Blind Person having not more than 10 percent (%) visual acuity in the better eye with corrections. Refer to Application and Affidavit Fee Exemption on pages 2-3. You are not exempt from a PHP but exempt from the permit fees. <p>I Declare and Certify under penalty of law, that the above stated facts and attachments are true and correct pursuant to the California Code of Civil Procedure.</p> <p>Print Name: _____ Position/Title: _____</p> <p>Signature of Applicant: _____ Date: _____</p>		
FOR DEPARTMENT USE ONLY		
<input type="checkbox"/> Exemption Certification approved. <input type="checkbox"/> Applicant does not meet the requirements for an exemption certification.		
DPH EH Reviewer Name: _____ Date: _____		



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APPLICATION AND AFFIDAVIT FEE EXEMPTION

For Veterans - This exemption is in accordance with Section 16102 of the California Business and Professions Code, which allows every Soldier, Sailor, or Marine of the United States who is disabled (unable to perform physical labor), honorably discharged, a registered voter, and a resident of the State of California to hawk, peddle, and vend any goods, wares, or merchandise owned by him/her (except spirituous, malt, vinous or other intoxicating liquor) in an incorporated city without payment of any license, tax, or fee whatsoever, whether municipal, county, or state.

For Blind persons - This exemption is in accordance with Los Angeles County Code, Title 8 section 8.04.670 which allows the blind person who otherwise would be entitled to such license or permit if such person files with the county health officer a certificate by a licensed physician and surgeon or by the Department of Rehabilitation of the state of California that has no more than 10 percent visual acuity in the better eye with corrections.

This application/affidavit, together with listed documentation, is to be filed with the County Health Department in conjunction with the application for a Public Health Permit to operate a food sales business.

SECTION I - APPLICATION

1. BUSINESS NAME: _____
2. BUSINESS LOCATION: _____
3. MAILING ADDRESS: _____
4. PERMIT NUMBER: _____
5. BUSINESS OWNER (Veteran): _____
6. OWNER ADDRESS: _____
7. BUSINESS DESCRIPTION: Describe what kind of foods are sold and the type of facility they are sold from.

8. BUSINESS ARRANGEMENTS WITH OTHERS:
 - A. Describe ownership of products and how they are paid for.

 - B. Describe franchises, consignment commission, and number of employees.

9. SOURCE OF FOOD SUPPLIES: Name and location.

10. PROOF OF OWNERSHIP OF BUSINESS: (SUBMIT COPIES)
Business Lease: _____ Business License: _____ Board of Equalization: _____

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11. VERIFICATION OF OWNER IDENTITY:

Driver License #: _____ State: _____ Class: _____ Expiration Date: _____

Date of Birth: _____ Other: _____

For VETERAN'S OPERATING IN INCORPORATED CITIES:

Please provide all the following:

- (A) Proof of Disability: copy of a California State Disability Insurance Office check stub, copy of payment history from the California State Insurance Office or a physician's statement stating the veteran's inability to perform physical labor (**specific disability percentage rating must be met if the event is held in an incorporated city**)
- (B) Copy of honorable discharge papers (DD214) or other evidence of honorable release from U.S Armed Services
- (C) Proof as a registered voter (from the Registrar of Voters) **and** proof as a resident of California (CA Driver's License/Card)

For VETERAN'S OPERATING IN UNINCORPORATED CITIES:

Please provide the following:

- (A) Copy of honorable discharge papers (DD214) or other evidence of honorable release from U.S Armed Services

For BLIND PERSON

Please provide Certification from the following:

- (A) By a licensed physician and surgeon **OR**
- (B) By the Department of Rehabilitation of the state of California that the blind person is having not more than 10 percent (%) visual acuity in the better eye with corrections

SECTION II – AFFIDAVIT

For Veterans- I UNDERSTAND THAT I AM NOT ELIGIBLE FOR CONSIDERATION FOR A VETERANS' EXEMPTION IF I ENGAGE IN THE SALE OF SPIRITUOUS, MALT, VINOUS, OR OTHER INTOXICATING LIQUOR. Initials _____

THE FOREGOING IS TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THE MATTERS WHICH ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE 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: _____ Operator's Signature: _____

SECTION II B For Disabled Veterans

For businesses that will operate only in the unincorporated areas of Los Angeles County:

I, _____, WILL OPERATE MY MOTORIZED ITINERANT BUSINESS ONLY IN THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY.

Operator's Signature _____

OFFICE USE ONLY:

APPROVED BY: _____

TITLE: _____

DATE: _____

