

# 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: \_\_\_\_\_

