



CONTRA COSTA  
ENVIRONMENTAL HEALTH DIVISION  
2120 DIAMOND BOULEVARD, SUITE 200  
CONCORD, CA 94520  
(925) 608-5500 (925) 608-5502 FAX  
www.cchealth.org/eh



## PERMIT FEE EXEMPTION & SELF-ATTESTATION FORM

OWNER NAME:	FACILITY #:
FACILITY NAME / DBA:	PHONE #:
FACILITY ADDRESS:	CITY/STATE/ZIP CODE:

Please select all exemptions that apply:

- I am applying for a permit fee exemption as a blind person having not more than ten percent visual acuity in the better eye without correction pursuant to [Contra Cost County Ordinance Code 413-3.1002](#).

***A certificate signed by a licensed physician or by the State Bureau of Vocational Rehabilitation that you are a blind person is required.***

- I am applying for a permit fee exemption exclusively for religious or charitable purposes and self-attest that at least seventy-five percent of the net proceeds from my activity inures directly to the benefit of such charitable purposes pursuant to [Contra Cost County Ordinance Code 413-3.1004](#).

***Please provide proof of your business' Internal Revenue Service tax exempt status.***

- I am applying for a permit fee exemption as an honorably discharged veteran and self-attest that I am the sole owner of the business or activity or a co-owner with other honorably discharged veteran(s) and that I must not sell alcoholic beverages pursuant to [Contra Costa County Ordinance Code 413.3.1006](#).

***Please provide documentation showing that you and any co-owner(s) were honorably discharged from a branch of the United States military.***

\_\_\_\_\_  
Permit Holder / Owner Signature

\_\_\_\_\_  
Date