

**Veterans Permit Fee Exemption Application**

**Instructions:**

If you believe you meet the following criteria, please fill out the below application form and submit with your business operating permit application. California Business and Professions Code §16001.7 states: Every person who is honorably discharged or honorably relieved from the military, naval, or air service of the United States and who is a resident of this state, may distribute circulars, and hawk, peddle and vend any goods, wares, or merchandise owned by him or her, except spirituous, malt, or vinous, or other intoxicating liquor, without payment of any business license fee, whether municipal, county, or state, and the legislative body shall issue to that person, without cost, a license therefor.

**Individual Information**

**Veteran's Full Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Are you currently a resident of California? Yes** \_\_\_ **No** \_\_\_

**Home Address:** \_\_\_\_\_

**Driver's License/Identification Card:**

**Number:** \_\_\_\_\_ **State:** \_\_\_ **Class:** \_\_\_ **Exp. Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Are you honorably discharged or honorably relieved from the United States Military Service?**  
**Yes** \_\_\_ **No** \_\_\_

**Indicate Branch:** \_\_\_ **Army** \_\_\_ **Navy** \_\_\_ **Marine Corps** \_\_\_ **Air Force**

\_\_\_ **Other:** \_\_\_\_\_

*Please attach a true and correct copy of your report of discharge (DD-214) or other official documentation indicating that you have been honorably discharged or honorably relieved from the United States Military Service.*

**Cannabis Business Information**

**Business Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Business Premises Address:** \_\_\_\_\_

Do you personally own the cannabis, cannabis accessories, and other goods, wares, or merchandise sold through this business? Yes\_\_\_ No\_\_\_

Is the cannabis business operated as a sole proprietorship? Yes\_\_\_ No\_\_\_

*Please attach a true and correct copy of schedule "C" for your most recent federal tax return submitted to the Internal Revenue Service of the United States or other official documentation indicating that you operate the cannabis business as a sole proprietorship.*

**Certifications:**

***(initial the section below)***

\_\_\_ I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

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

**FOR STAFF USE ONLY:**

Date Received: \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_