



REQUIREMENTS FOR FEE EXEMPTION
For
Participation in Alameda County Temporary Events

The following information and/or documents are required from any person or organization requesting fee exemption from the Alameda County Department of Environmental Health. Please submit the required documents with each application for a temporary event permit.

Veterans:

1. Copy of Honorable Discharge paper/ DD214
2. Proof of Sole Ownership of the business (no corporations or partnerships)

Government Entity:

1. In a letter or document bearing the agency's letterhead
2. Purpose of the event in connection with the agency
3. Documents must bear the signature of the official responsible for the planned event

Charitable Organizations:

1. Provide a copy of the current Internal Revenue Service Letter showing non-profit status per Section: 501(c)(3)
2. Alameda County Ordinances, Section 6.92.070-Exemption Form (complete attached form)

PLEASE NOTE:

To assist with processing your permit in a timely manner, your application and all the supporting documents must be received in our office at least ten (10) working days prior to the scheduled event. Special Event applications are available on the internet at our website address below:

www.acgov.org/aceh/forms.htm

Contact the Alameda County Environmental Health Department at (510) 567-6719 or (510) 567-6877, if you have any questions. Or call our main office at (510) 567-6700 Mon. – Fri., 8:30 a.m.- 4:30 p.m.

All Fee Exempt permit applications received later than 5 working days prior to an event may be subject to a late penalty.



Alameda County Ordinances
Title 6, Chapter 6.92: HEALTH FEES

Section 6.92.070 Exemption.

Government agencies shall be exempt from the foregoing fees pursuant to Government Code Section 6103 except where specifically provided otherwise by state law.

Charitable organization shall be exempt from the foregoing fees if they meet the following criteria:

1. Are engaged in a **free** humanitarian assistance of the poor, the suffering or the distressed;
2. Disburse monies **beyond expenses** to provide the above services;
3. Possess a current Internal Revenue Service section 501(c)(3) indicating a nonprofit status.
(Prior gen. code Section 3-140.6)

Name of Charitable

Organization: _____

Please specify where monies will be dispensed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Vendor Signature: _____ **Date:** _____

Approved

Not Approved

Reason for denial (if applicable)

REHS Signature: _____ **Date:** _____