



State of California—Health and Human Services Agency
Department of Public Health



FOOD SAFETY FEE EXEMPTION REQUEST

Processed food businesses making less than \$20,000 wholesale gross annual income from their food business or which are involved "exclusively" in wholesale flour milling, dried bean processing, or the drying or milling of rice, are not required to pay the \$100 Food Safety Fee (Health & Safety Code Section 110485). All businesses must still pay the Processed Food Registration fee shown on their application, because this exemption does not apply to the registration fees. Please note that a business claiming exemption may be asked to verify wholesale gross annual income by submitting documentation in the form of financial records. Please Note: A new exemption request must be submitted every year along with the Processed Food Registration renewal application. If you have questions regarding these exemptions, please call the Food and Drug Branch, Processed Food Registration desk at (916) 650-6500.

Business Name: \_\_\_\_\_

Registration No: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am requesting an exemption from paying the Food Safety Fee for the above processed food business. The business at this location meets the exemption requirements marked below: (Place an X next to the reason the business is exempt)

- Exemption options: Last tax year's income \$20,000 or less; New business with no prior income; Business type (Flour Milling, Dried Bean Processing, Drying or Milling of Rice).

I certify under penalty of perjury by the laws of the State of California that the information entered by me on this document is true and correct. I am aware if it is found that the gross wholesale income for this business in this facility exceeds \$20,000, or the business at this facility is not "exclusively" involved in wholesale flour milling, bean processing, or drying or milling of rice, the \$100 Food Safety Fee and all penalties will be due immediately.

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_