



## FEE RELIEF PROGRAM ATTESTATION FORM

I \_\_\_\_\_ **[ENTER NAME]**, declare under penalty of perjury under the laws of the State of California that each of the following statements are true and correct:

I am \_\_\_\_\_ **[ENTER TITLE]**  
 of \_\_\_\_\_ **[ENTER NAME OF THE BUSINESS]**

(the "Business"), and am legally authorized to act on behalf of the Business, and bind the Business to the terms of the San Mateo County Environmental Health Fee Relief Program ("Program"), approved by the San Mateo County Board of Supervisors on June 8, 2021, pursuant to Board Resolution No. 078197.

As required by the terms of the Program and in connection with the receipt of the fee relief afforded under the Program, the Business confirms each of the following:

- The Business is in a Program Element (Category) authorized to participate in the Program; and
- The Business is a food retailer or market (not a restaurant); and
- The Business has been in operation since prior to July 1, 2021; and
- The Business is independently owned and operated; and
- The Business has two (2) or fewer locations within San Mateo County, California.

The Business acknowledges that a failure to meet all Program conditions/requirements as described above may result in the Business being required to repay all fees waived under the Program.

Printed Name of the Business: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Printed Name and Title of the Business Representative: \_\_\_\_\_

Signature of the Business Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_