Environmental Health 625 5th Street ❖Santa Rosa, CA 95404 ❖ 707-565-6565 ❖Fax 707-565-6525

https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

| SR# |
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Wine/Beer Tasting Room Exemption Application

APPLICANT: Complete all areas below (please print or type), sign and date below, and submit to Environmental Health and Safety with the applicable fee.

| Business Name: | Phone | | | | |
|--|---|--|---|---|-----------------------|
| Site Address: | | | | Suite | |
| Business City: | State | Zip | AP# _ | | |
| Owner name(s): | | | · | | |
| Mailing address (if different from above) | | | | | |
| Business Street/PO Box: | | | | Suite | • |
| Business City: | State | Zip | Phon | ie | |
| Email Address: | | | | | - |
| PLEASE SUBMIT PAYMENT WITH THI BEVERAGE CONTROL 01/23 BEER MA | | | | | |
| Proposed opening date: | | | | | |
| By signing below, I agree to not offer for sale, food of exception of the actual wine/beer tasting, approved no palette between tasting different wines/beers). Some bottled/canned soda, ice tea and water that are prepare under this submitted ABC license may be sold with a | on-potentially examples of kaged and do | hazardous be approved non- onot require re | verages, and/or crapotentially hazard frigeration. Only | ackers for clearing ous beverages incl the beers/wines pr | the lude oduced |
| I understand that the wine/beer tasting exemption sha not prepackaged non-potentially hazardous take place shall require a permit for a retail food facility. A revi prior to issuance of the retail food facility permit. | e for <u>onsite or</u> | offsite consur | mption. If this sho | ould occur, this De | partment |
| The wine/beer tasting room exemption is not transfer listed above. The cost for reviewing/processing the v based on the current fiscal year food-hourly rate (See county.org/health/services/pdf/fees.pdf) | vine/beer tast | ing room exen | nption typically tal | | |
| I (We) agree to operate in compliance with all applications law; a state officer or department; or the Public Healt | | | | ılations prescribed | by state |
| Date Signature(s):_ | | | | | |
| Print name(s): | | | | | |
| For office use only: | | | | | |
| PE District PR # | Issued | : | REHS approval | | |
| Amount rec'd \$[] Cash [] Check/Credit Card Ch | neck/Credit Card | Trans# | Date rec'd | By | |
| Original - EH Yellow - Owner | | | | | |