

**City of Sacramento**  
**Finance Department, Office of Cannabis Policy & Enforcement**  
**915 I Street, Second Floor**  
**Sacramento, California 95811**  
**(916) 808-8955**

**CANNABIS BUSINESS PERMITS**  
**VETERANS LICENSE FEE EXEMPTION APPLICATION**

*California Business and Professions Code § 16001.7: 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.*

<b>NAME OF VETERAN:</b>	
ARE YOU CURRENTLY A RESIDENT OF THE STATE OF CALIFORNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME PHONE:	HOME ADDRESS:
<b>DRIVER'S LICENSE / IDENTIFICATION CARD:</b>	
NUMBER: _____ STATE: ____ CLASS: ____ EXP. DATE _____ DOB _____ OTHER: _____	
ARE YOU HONORABLY DISCHARGED OR HONORABLY RELIEVED FROM UNITED STATES MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INDICATE WHICH BRANCH: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> ATTACHED IS A TRUE AND CORRECT COPY OF MY REPORT OF DISCHARGE (DD-214 FORM) OR OTHER OFFICIAL DOCUMENT INDICATING THAT I AM HONORABLY DISCHARGED OR HONORABLY RELIEVED FROM UNITED STATES MILITARY SERVICE.	
<b>NAME OF CANNABIS BUSINESS:</b>	
BUSINESS PHONE:	BUSINESS ADDRESS:
DO YOU PERSONALLY OWN THE CANNABIS, CANNABIS ACCESSORIES, AND OTHER GOODS, WARES, OR MERCHANDISE SOLD THROUGH THIS BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS CANNABIS BUSINESS OPERATED AS A SOLE PROPRIETORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ATTACHED IS A TRUE AND CORRECT COPY OF SCHEDULE "C" OF MY MOST RECENT FEDERAL TAX RETURN SUBMITTED TO THE INTERNAL REVENUE SERVICE OF THE UNITED STATES, OR OTHER OFFICIAL DOCUMENT INDICATING THAT I OPERATE THE BUSINESS AS A SOLE PROPRIETORSHIP.	
I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.	
VETERAN'S SIGNATURE: _____ DATE: _____	
<b>FOR CITY USE ONLY</b>	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED BY: _____ DATE: _____	
<b>COMMENTS / REMARKS:</b>	