



# County of Yolo Road to Licensure Fee Waiver Program Application

## APPLICANT INFORMATION

**Name of Business:**

Business Address:

City:

State:

Zip Code:

County:

**Name of Business Owner(s):**

**Contact Person Name and Title:**

**Contact Person Email:**

**Contact Person Phone Number:**

**Food Vendor Business Type: (Indicated by Environmental Health foodborne-illness, risk-level permit category.)**

- Low Risk** = Minimal food preparation that involves opened food packaging, slicing, cutting, handling. All meats must be fully cooked and cooled at an approved commissary location.
  
- High Risk** = Cooking raw meat, meals requiring multiple temperature-controlled items, and safe food storage. Compact Mobile Food Operation (CMFO) must meet all structural requirements including a built-in three-compartment utensil wash sink or a separately permitted ancillary three-compartment utensil wash sink.

## ELIGIBILITY REQUIREMENTS

1. Please review the following eligibility requirements. To be considered for the Fee Waiver, you must satisfy the following eligibility requirements:

**a. Yolo County Residency Requirement**

- The applicant is the majority owner and manager of the qualified business and provides a Yolo County residential address. The applicant is currently active and operating a food vendor business or has clear plans to reopen in the City of Woodland once permitted to do so.

**b. Income Criteria**

- My gross monthly household income (before deductions for taxes) is less than the amount listed below.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	<i>If more than 6 people at home, add \$896.67 for each extra person.</i>
1	\$2,510.00	3	\$4,303.34	5	\$6,096.67	
2	\$3,406.67	4	\$5,200.00	6	\$6,993.34	

**c. Approved Compact Mobile Food Operation Equipment Plan Review**

- The applicant must provide a copy of the CMFO Equipment Plan Review approved by Yolo County [Environmental Health](#).

**d. Previously unpermitted status**

- This fee waiver program is limited to new food vendor business applicants who are in need of financial assistance for permitting and licensing costs.

**e. Completion of other business registration processes.**

- County Environmental Health Permit Application
- CMFO Equipment Plan Review (if applicable)
- Food Handler Certification Card

Does the applicant(s) certify that they meet the eligibility requirements stated?

Yes

No

## REQUIRED ATTACHMENTS

**Please attach the following:**

- A. Filled County Environmental Health Permit Application
- B. Proof of address (Utility bill, driver's license, bank statement, or other proof document.)
- C. Compact Mobile Food Operation Equipment Plan Review
- D. Food Handler Certification Card

**All documents must be active; expired documents will not be accepted.**

## TERMS OF THE APPLICATION

1. Fee Waiver Applications must be submitted electronically between 9:00am on October 25, 2024, through 5:00pm on June 30, 2025. All required documentation must be uploaded and submitted with the Application otherwise the Application will be deemed incomplete and will be rejected. Documentation will not be accepted separately from the submitted Application.
2. Applications will be reviewed for eligibility.
  - a. The County reserves the right to reject any and all applications in the event the County identifies a potential conflict of interest or the appearances of a conflict of interest.
  - b. Submission of an Application in no way obligates the County to approve the Fee Waiver and the County reserves the right to reject any or all applications, wholly or in part, at any time without penalty.
  - c. The Fee Waiver Application must be signed by the applicant.
3. Fee Waiver will be applied upon County approval of this application.
4. If the Fee Waiver Application is accepted by the County, the Fee Waiver will be accepted for the purposes set forth above.
5. There is no agency, employment, joint venture or other such relationship created by virtue of a Fee Waiver. The County does not endorse the specific business.
6. The representations made by the applicant are compliant with the Road to Licensure Fee Waiver Program Application terms. The County may reject this Application upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Road to Licensure Fee Waiver Program has been violated.

**Please direct any questions to [cmfo@yolocounty.gov](mailto:cmfo@yolocounty.gov) or call (530) 666-8150.**

## CERTIFICATION

By my signature below, I certify that I have read and understand the Road to Licensure Fee Waiver Program and agree to comply with the terms and conditions of this Program. I further certify under penalty of perjury of the laws of the State of California that the information provided in this Application and all attachments provided are true, correct, and complete and that I meet the eligibility requirements for this Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_

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

Yolo County Residential Address: \_\_\_\_\_

*TO BE COMPLETED BY COUNTY STAFF IF APPLICATION IS APPROVED*

Fee Waiver Application Approved?

Yes

No

County Representative Signature:

Date: