

TASTE LA VERNE

Restaurant Name: _____

Contact: _____

Email: _____ Phone _____

Yes! We want to participate in the Taste of LaVerne Food Festival on Wednesday, October 18

Menu item(s) _____

Please check items you will need:

Spoons Forks Knives Plates Hot Bowls Cold Bowls Cups Ice

I will supply my own linens I will need the chamber to supply linens for my table

Yes! We want to participate in the Taste of LaVerne Restaurant Week, October 19-22:

Menus will be listed on the Taste of La Verne Website and in the Food Festival Program

Prix Fixe Menu Price \$ _____

Choice of Appetizer _____

Choice of Entree _____

Choice of Dessert/Beverage _____

Tasting Menu Price \$ _____

1st Item _____

2nd Item _____

3rd Item _____

Authorized Signature

Please complete the registration form and Los Angeles County Permit (Required for Food Festival Participants) and return to: La Verne Chamber, 2332 D Street, Unit E, La Verne, CA 91750 or email to leah@lavernechamber.org by Monday September 4.

Exemption Certification for Community Events

EXEMPTION REQUEST FORM

A. COMMUNITY EVENT

Name of Event: Taste of La Verne Date(s): 10/18/2023
Address of Event: 1613 McKinley Ave. City: La Verne Zip Code: 91750

B. VETERAN ORGANIZER OR FOOD BOOTH OPERATOR (Complete if Applicable)

Name: _____
Mailing Address: _____ City: _____ Zip Code: _____

Veteran Organizer

Veteran Food Booth Operator

C. NON-PROFIT TEMPORARY FOOD FACILITY VENDOR (Check Applicable Boxes)

Name: La Verne Chamber of Commerce
Mailing Address: 2332 D Street, Unit E City: La Verne Zip Code: 91750
Indicate exemption requested: FB-1 FB-2 FB-3
Provide a copy of Articles of Incorporation and proof of 501(C)3 status

D. FOR-PROFIT FOOD FACILITY DONATING ALL PROCEEDS

Food Facility DBA: _____
Mailing Address: _____
Owner's Name: _____
The undersigned hereby agree that **ALL** proceeds generated will be donated by for-profit* owner
to La Verne Chamber of Commerce

E. SIGNATURE

I Declare and Certify under penalty of perjury, that the above stated facts and attachments are true and correct pursuant to the California Code of Civil Procedure.

Print Name: _____ Date: _____

Phone: () _____ - _____ e-mail: _____

Signature: _____

Please maintain a copy of the signed Exemption Certification on site during the event.

FOR DEPARTMENT USE ONLY

- Exemption Certification approved.
- Event Organizer does not meet the requirements for exemption certification.
- Temporary Food Facility operator does not meet the requirements for exemption certification.
- Expedited processing fee applies.

DPH EH Reviewer

Print Name: _____ Date: _____

Signature: _____

