

Environmental Health * 625 5th Street, Santa Rosa, CA 95404 * 707-565-6565 * EH@sonoma-county.org

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

Wine/Beer Tasting Room Exemption Application

APPLICANT:	Complete all areas below (please print or type), sign and date below, and submit to Environmental Health with the applicable fee.						
Business Name				Phone			
Facility Name/DBA							
Site Address					_ Ste #		
City			_Zip	Email Address			
Owner Name (s)				Phone			
Mailing Address					_ Ste #		
City		_State	_Zip	_Email Address			

PLEASE SUBMIT PAYMENT WITH THIS APPLICATION ALONG WITH A COPY OF AN ALCOHOL BEVERAGE CONTROL 01/23 BEER MANUFACTURER LICENSE <u>or</u> 02 WINE GROWER LICENSE

Proposed Opening Date:

By signing below, I agree to not offer for sale, food or unapproved beverages for onsite or offsite consumption (with the exception of the actual wine/beer tasting, approved non-potentially hazardous beverages, and/or crackers for clearing the palette between tasting different wines/beers). Some examples of approved non-potentially hazardous beverages include bottled/canned soda, ice tea and water that are prepackaged and do not require refrigeration. Only the beers/wines produced under this submitted ABC license may be sold with a wine/beer tasting room exemption. (*CalCode, Section 113789(c)(5)(12)*)

I understand that the wine/beer tasting exemption shall be <u>void</u> should sales of foods beyond crackers and/or beverages that are not prepackaged nonpotentially hazardous take place for <u>onsite or offsite</u> consumption. If this should occur, this Department shall require a permit for a retail food facility. A review of the building plans and construction final approval will be required prior to issuance of the retail food facility permit.

The wine/beer tasting room exemption is not transferable upon change of ownership and is valid only for the location/facility/owner listed above. The cost for reviewing/processing the wine/beer tasting room exemption typically takes about one hour and is based on the current fiscal year food-hourly rate (See fee schedule at: https://sonomacounty.ca.gov/Health/Environmental-Health/Fee-Schedule/

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print Name/Title		Signature	Signature		
Print Name/Title		Signature	Signature		
For office use only:					
PE	SW/PE	PR #	SW/PR #	District	
Issue Permit	APN	Approved by	Entered by	Date	
Cash Check/Cree	dit Card Trans#	Date Rec'dt	yAmount F	Rec'd \$	