



H73 Fee Waiver Request

Registered Ownership Name: _____

DBA (Doing Business As): _____

Business Account Number (BAN) #: _____

ABC License #: _____

A request for waiver of the H73 Fee may be granted if an owner can show to the satisfaction of the Department of Public Health **all of the following**:

- That the Deemed Approved Off-Sale Alcohol Use has been under the same ownership for not less than the previous three years;
- That the annual fee for the Deemed Approved Off-Sale Alcohol Use has been paid in a timely manner for not less than the previous three years;
- That the Deemed Approved Off-Sale Alcohol Use has not been the subject of a City Department-referred complaint or any administrative penalties or conditions imposed by a Hearing Officer, Board of Appeals, or Board of Supervisors under the under the provisions of Administrative Code, Chapter 26

I certify:

- My business has been under the same ownership for not less than the previous three years;
- My business has paid the annual fee in a timely manner for not less than the previous three years;
- My business has not been the subject of a City Department-referred complaint under the provisions of Administrative Code, Chapter 26.

I understand that this request is subject to review by the Department of Public Health and if denied the Tax Collector may assess additional fees, taxes and penalties. I understand that misrepresentation of information is subject to a penalty of up to \$500 (SF Business and Tax Regulations code, Section 6.17-3), and other penalties legally available.

Name: _____
 Signature

 Print Full Name (and Title, if applicable)

Date: _____

Telephone: _____

Email: _____

COMPLETE THIS FORM ONLINE, SIGN, SCAN & EMAIL TO: H73.DAO@sfdph.org

or

San Francisco Department of Public Health
 25 Van Ness Avenue, Suite 500
 San Francisco, CA 94102
 ATTN: Deemed Approved Uses Ordinance

PRINT THIS FORM, COMPLETE, SIGN & MAIL TO:

| | | | |
|--|---|---------------------|--|
| | | For Office Use Only | |
| <input type="checkbox"/> Request Approved | <input type="checkbox"/> Request Denied | Date _____ | |
| <input type="checkbox"/> Business has NOT been under the same ownership for not less than the previous three years; <input type="checkbox"/> Business has NOT paid the annual fee in a timely manner for not less than the previous three years; <input type="checkbox"/> Business has been the subject of a City Department-referred complaint under the provisions of Administrative Code, Chapter 26. | | | |