

SUBMIT TO:

Board of Supervisors
575 Administration Dr, Ste 100A
Santa Rosa, CA 95403

COUNTY OF SONOMA

For Board of Supervisors Use Only

Fee Waiver/Board Sponsorship Request Form

1. Contact information for individual requesting fee waiver/sponsorship:

Name:	Christy	Davila	
	First	Middle	Last
Mailing Address:	Guerneville		CA 95446
	City	State	Zip
Phone:	Email:		
	Area Code, Number		

2. Name of Community Based Organization, Non-Profit, or Government Agency for which fee waiver/sponsorship is requested:

Name:	West County Community Services			
Mailing Address:	16390 Main Street	Guerneville	CA	95446
	Number, Street, Apt/Suite	City	State	Zip
Phone:	(707) 483 - 3754	Email:	christy.davila@westcountyservices.org	
	Area Code, Number			

3. Please indicate by check mark the supervisory district in which the organization or agency submitting this request is located, where the project/activity/event will be held, and the district office to whom you would like to submit this request:

Board Member and District	Susan Gorin District 1	David Rabbitt District 2	Chris Coursey District 3	James Gore District 4	Lynda Hopkins District 5
Entity or organization location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project/activity/event location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District office to receive request (select only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Type of Community Based Organization, Non-profit, or Government Agency for which the fee waiver/sponsorship is requested:

City Special District Other Local Government
 School Non-profit or CBO

Other (please specify): _____

5. Please provide a description of the project/activity/event for which a fee waiver/sponsorship is being requested on a separate sheet of paper. Please include the number of individuals who will participate or be served, etc.

6. Please indicate if this is a one-time or annual event: One Time Annual

7. Type and amount of fee waiver/sponsorship requested. Please list all County fees you are requesting be waived/sponsored in conjunction with this project/activity/event. Please attach a copy of an estimate or receipt from the County Department or Veteran's Building Operator documenting the amount of each fee you are requesting be waived/sponsored.

Department Assessing Fee	Type of Fee	Amount of Fee
Dept. of Health Services	Food Permit Renewal	\$403.00

8. If your Community Based Organization, Non-Profit, or Governmental Agency has received a fee waiver/sponsorship for a similar project/activity/event in the past, please list below:

Date of Fee Waiver	Department Assessing Fee	Type of Fee	Amount of Fee
2 / 1 / 2025		Retail Food Facility Permit	\$403.00
/ /			
/ /			
/ /			

9. Does the organization or agency for which the fee waiver/sponsorship is requested receive funding from any of the following sources? If so, please specify:

Property Tax

Sales Tax

Special Assessment

User Fees

Other (please specify): _____

10. If you checked any of the boxes in number 9 above, please provide an explanation and supporting documentation regarding the inability of the organization or agency to pay the fees which you are requesting be waived/sponsored. Please attach to this form and submit with your request.

11. Will the organization or agency be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver/sponsorship? If so, please provide an explanation detailing why the fees to be waived/sponsored cannot be recovered through the entry fee. Please attach to this form and submit with your request.

[REDACTED]

Executive Director

Title

Authorized Signature

1 / 13 /

Date



Sonoma county
DEPARTMENT OF HEALTH SERVICES

Environmental Health ♦ 463 Aviation Blvd, Santa Rosa, CA 95403 ♦ 707-565-6565 ♦ EH@sonomacounty.gov
<https://sonomacounty.gov/environmentalhealth>

INVOICE

West County Community Services
 West County Community Services
 PO Box 325
 Guerneville, CA 95446-0325

Account ID	Invoice ID	Date
AR1047062	IN1027998	01/01/2026

District	Facility ID
02	FA1001475

Permit ID	Program Identifier	Description	Amount Due
PR0031781	West County Community Services	3CF7 - Food - LSCFO - Moderate Prep	\$403.00
Total Due for This Invoice			\$403.00
Due Date:			01/31/2026

Pursuant to the Sonoma County Code, chapter 14, and the Board of Supervisors approved fee schedule, all programs will be assessed a late fee of 15% of the remaining permit fee balance due if full payment is not received within 30 days of the due date. An additional late fee of 15% of the remaining permit fee balance due will be assessed if full payment is not received within 60 days of the due date.

Please return this portion with your payment

From: West County Community Services
 16255 First St
 Guerneville, CA 95446-8809

Account ID	Invoice ID	Date
AR1047062	IN1027998	01/01/2026

District	Facility ID
02	FA1001475

To: County of Sonoma Department of Health Services
 Environmental Health & Safety Section
 463 Aviation Blvd
 Santa Rosa, CA 95403

Total Due for This Invoice	\$403.00
Due Date:	01/31/2026

January 2026