



Public Health Division
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County of Lake

LOCAL RETAILER/BUSINESS OWNER SELF-CERTIFICATION FORM
SOCIAL DISTANCING PROTOCOL COMPLIANCE

I, \_\_\_\_\_ hereby certify that I am the owner of the following business in the County of Lake and have the sole legal authority necessary to bind this business to the requirements of this Self-Certification Form:

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

Business Address: \_\_\_\_\_

I hereby attest under the laws of the State of California that the following is true and correct:

- 1. I have reviewed and understand the terms and conditions of the Social Distancing Protocol for my business, attached hereto and incorporated herein by reference as Appendix "A". I have completed the Covid-19 Reopening Plan for my business, and will make it available for review by the public or Health Department upon request.
2. I have implemented all terms and conditions for the reopening of my business described in Appendix "A" and I shall continue to do so for the extent of the COVID-19 public health emergency, unless or until these protocols are modified or determined by the County Health Officer to no longer be necessary.
3. In addition to my compliance, I shall ensure compliance with the terms and conditions of Appendix "A" and the Covid-19 Reopening Plan by any and all employees and/or patrons of my business.
4. I shall also adhere to and remain in compliance with all state and local laws, including but not limited to the Executive Orders of the Governor issued consequent to the COVID-19 emergency.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date