



# CITY OF PERRIS

COMMUNITY SERVICES

## Healthy Options at Checkout Ordinance No. 1433

### Self-Certification Form

On February 14, 2023, the City of Perris adopted the Healthy Options at Checkout Ordinance No. 1423, requiring commercial establishments with groceries larger than 2,500 square feet to provide healthy food and beverage items as the "default" option at checkout areas. On September 12, 2023, an amendment to the Ordinance was adopted, Ordinance No. 1433, which extended the effective Ordinance date from July 1, 2023 to January 1, 2024, as well as changes to the food and beverage requirements at the checkout area. Please complete this self-certification form and submit to [publichealth@cityofperris.org](mailto:publichealth@cityofperris.org) no later than January 1, 2024. Non-compliance may result in further enforcement actions pursuant to the Perris Municipal Code Chapter 1.18.

CONTACT INFORMATION	
Business Name:	
Business Address:	
Name of Individual Completing this Form:	Title/ Position:
Email Address:	Best Contact Number:
CERTIFICATION COMPLIANCE	
Does your commercial establishment with groceries currently comply with Ordinance No. 1433?	<input type="checkbox"/> Yes, the default items at our checkout aisles do comply with the ordinance No. 1433. <input type="checkbox"/> No, the default items at our checkout aisles do not comply with the ordinance No. 1433.
Would you want to receive confirmation that your certification form was received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AUTHORIZATION	
Please sign below to certify that the above-stated information is true and correct. A signature is required for each form, one per business. A copy of this form can be found at <a href="http://www.cityofperris.org/publichealth">www.cityofperris.org/publichealth</a> . The completed form must be submitted by January 1, 2024. For questions, please contact the City of Perris Public Health Hotline at (951) 435-7206 or <a href="mailto:publichealth@cityofperris.org">publichealth@cityofperris.org</a> .	
_____	_____
Authorized Representative	Date



# CITY OF PERRIS

COMMUNITY SERVICES

---