

Authorization for Use of Restroom Facilities

Mobile food facilities shall be operated within 200 feet travel distance of approved and readily available toilet and handwashing facilities to ensure restroom facilities are available to mobile food facility employees whenever the food facility is stopped to conduct business for more than a one-hour period.

This form is to be completed and **signed by the owner/operator of the business providing the restroom facilities** for the mobile food facility which will be operating at a fixed location for more than one hour.

Business Owner Information

Business Name: _____ Facility Permit No. (FA #): _____
 Business Address: _____ City: _____ ST: _____ ZIP: _____
 E-Mail: _____ Work Phone: _____

Mobile Food Unit Information

Business Name (DBA): _____ Facility Permit No. (FA #): _____
 Mailing Address: _____ City: _____ ST: _____ ZIP: _____
 Business Phone: _____ E-Mail: _____
 Manager or Person in Charge: _____ Contact Phone: _____
 Driver's License #: _____ ST: _____ Mobile Food Unit License Plate #: _____

Mobile Food Facility Owner Acknowledgement

I, the undersigned owner, operator or agent, understand that I will be operating at a fixed location for more than one hour and therefore utilize the restroom facilities located at the above business address. I also acknowledge that in the event I am no longer allowed to use the restroom facilities at the above location, I will notify Environmental Health within 24 hours and provide a completed authorization form immediately.

Mobile Food Facility Owner's Name: _____
 Please Print

Signature: _____ Date: _____
 Owner of Authorized Agent

Facility Owner Acknowledgement

I, the undersigned owner, operator or agent, agree to allow the mobile facility listed above to use my restroom facilities. The restroom has a hand washing sink equipped with hot and cold running water, a self-mixing faucet, and is supplied as needed with soap and single service towels in permanently mounted dispensers.

Facility Owner's Name: _____
 Please Print

Signature: _____ Date: _____
 Owner of Authorized Agent

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Office Use Only

Date: _____ Amt: _____ Amt. Type: _____ #: _____ FA#: _____ Rcvd by: _____