

Authorization for Use of Restroom Facilities and Wastewater Disposal

Mobile food facilities shall be operated within 200 feet travel distance of an approved and readily available toilet and hand washing facility to ensure that restroom facilities are available to facility employees whenever the mobile food facility is stopped to conduct business for more than a one-hour period (Section 114315(a)). **If parking at a stationary location for more than one hour, you must obtain approval from the local city planning department or Resource Management Agency (RMA) for unincorporated areas. Obtain their signature below to verify approval of stationary location.**

Approved Restroom within 200 feet & Authorized Use

Are you operating at an APPROVED stationary location for more than one hour?: No / Yes

Approved by (Enforcement officer/Agency)- Name: _____ Phone Number: _____

Hours of operation __: __ a.m./p.m. to __: __ a.m./p.m. Provide address of stationary location below:

| | | |
|---------|------|--------------|
| Address | City | Cross Street |
|---------|------|--------------|

Is Mobile Food Facility equipped with Restroom: No / Yes

If **Yes**, Provide name of company that services restroom: _____

If No, Restroom location: _____

| | | |
|---------------|---------|------|
| Business Name | Address | City |
|---------------|---------|------|

Business Owner's Name: _____ Signature: _____

Phone #: _____ Date: _____

Approved by: No / Yes: Environmental Health Specialist: _____ Date: _____

| | | |
|---|------------|------|
| Signature of Restroom Facility Owner | Print Name | Date |
|---|------------|------|

| | | |
|--|------------|------|
| Signature of Mobile Food Facility | Print Name | Date |
|--|------------|------|

Wastewater Disposal Approval & Authorized Use

Use of facility for cleaning and servicing vehicle(s). Facility must have proper wastewater sewer connection. Provide Name, Address and City of other location if not available at commissary:

| | | |
|---------------|---------|---------------|
| Business Name | Address | City/Zip Code |
|---------------|---------|---------------|

Business Owner's Name: _____ Signature: _____

Phone #: _____ Date: _____

Approved by: No / Yes: Environmental Health Specialist: _____ Date: _____