



**Verification of Restroom for Mobile Food Facility (MFF)**

FA #	
PR#	

Any time a MFF is parked in one location for longer than one hour; an approved restroom must be available for use within 200 feet (Chapter 10, Sec. 114315). Please provide all information requested.

**NOTE:** Porta-potties are not approved

<b>MFF Information</b>	
MFF Name (DBA): _____	
Address or Cross Street of operation: _____ <small>Street Address City Zip Code</small>	
Hours of Operation: _____ <small>(At this location)</small>	Days of Operation: _____ <small>(At this location)</small>
License Plate #: _____	Permit #: _____
<b>MFF Owner Information</b>	
Owner Name: _____	
Address of Owner: _____ <small>Street Address City Zip Code</small>	
I have access to the restroom facilities at the following business during my business hours and I am parked less than 200 feet away from the restroom facilities. I will be responsible for maintaining the restroom as listed below.	
_____	_____
<b>Signature of MFF Operator</b>	<b>Date</b>
<b>Restroom Information</b>	
Business Name: _____	Phone : _____
Owner Name: _____	
Address: _____ <small>Street Address City Zip Code</small>	
<b>Restroom Requirements:</b>	
<input type="checkbox"/> Toilet facilities in good repair	<input type="checkbox"/> Handwashing sink with hot and cold water
<input type="checkbox"/> Smooth cleanable surfaces	<input type="checkbox"/> Paper towels in a dispenser
<input type="checkbox"/> Toilet paper in a dispenser	<input type="checkbox"/> Liquid soap in a dispenser
<input type="checkbox"/> Ventilation fan or openable window	<input type="checkbox"/> Hours that restroom is available: _____
I, the business owner/operator, can and will provide restroom facilities for the operators of the above-mentioned MFF at my business and I understand that the restroom facilities are subject to Environmental Health Department inspection.	
_____	_____
<b>Signature of Business Owner</b>	<b>Date</b>
<b>OFFICIAL USE ONLY:</b>	
<b>Approved by:</b> _____	<b>Date:</b> _____

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