

VERIFICATION OF RESTROOM FACILITY

Please provide all information requested. An incomplete application may delay approval.

VEHICLE INFORMATION	
Vehicle Name (DBA): _____	
Address for Vehicle:	
Street Address	City
1) License Plate #: _____	4) Year: _____
2) Vehicle Vin #: _____	5) Make/Model: _____
3) State Decal #: _____	6) Color: _____
VEHICLE OWNER INFORMATION	
Name: _____	
Address of Owner:	
Street Address	City
Mobile food facilities shall be operated within 200 feet of approved and readily available toilet and hand washing facilities. This is to ensure restroom facilities are available to employees whenever the mobile food facility is stopped to conduct business (CalCode section 114315).	
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 in a clean and sanitary condition.	
_____	_____
Signature of Vehicle Operator	Date
RESTROOM INFORMATION	
Business Name: _____	
Owner Name: _____	
Site Address:	
Street Address	City
Phone: _____	
I, the business owner/operator, can and will provide the necessary restroom facilities for the operators of the above-mentioned vehicle at my business and I understand that the restroom facilities are subject to Environmental Health Department inspection.	
_____	_____
Signature Business owner/Operator	Date