



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

FA #	_____
PR #	_____

A Mobile Food Facility (MFF) shall be operating within 200 feet travel distance of an approved and readily available toilet and hand-washing facility when parked in any location for longer than one hour. (Chapter 10, Sec. 114315). Please provide all information requested. **This form shall be completed and submitted for every location conducting business.**

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

**MFF Information**

MFF Name (DBA): \_\_\_\_\_

Address or Cross Street of operation: \_\_\_\_\_  
Street Address City Zip Code

Hours of Operation \_\_\_\_\_ Days of Operation: \_\_\_\_\_  
(At this location)

License Plate #: \_\_\_\_\_

**MFF Owner Information**

Owner Name: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
Street Address City Zip Code

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.

\_\_\_\_\_  
Signature of MFF Operator

\_\_\_\_\_  
Date

**Restroom Information**

Business Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip Code

**Restroom Requirements:**

- |   |   |
|---|---|
| <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.

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

November 2018