



**Community and Economic Development**  
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## AUTHORIZATION FOR USE OF RESTROOM FACILITIES

The California Retail Food Code, Section 114315, (a) A food facility shall be operated within 200 feet travel distance of an approved and readily available toilet and handwashing facility, or as otherwise approved by the enforcement agency, 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.

<b>MOBILE INFO</b>	Business Name:		
	Owner/Operator Name:		Business Phone:
	Address:	City:	State:      Zip Code:
	Vehicle License #:	VIN#:	

This section is to be completed and **signed by the owner/operator of the business providing restroom facilities:**

<b>BUSINESS INFORMATION #1</b>	Business Name:		
	Owner/Operator Name:		Business Phone:
	Address:	City:	State:      Zip Code:
	<b>Hours of Operation</b>		
	Mon:	Th:	Sat:
	Tues:	Fri:	Sun:
	Wed:		
	Signature of Owner: _____ Print: _____ Date: _____		
	The restroom shall be equipped with a hand washing sink, hot and cold running water, a self-mixing faucet, and supplied with soap and single service towels in permanently mounted dispensers. Your signature as the restroom facility owner on the line below indicates that you agree to allow the indicated mobile food facility to use your restroom facilities.		

This section is to be completed and **signed by the owner/operator of the additional business providing restroom facilities:**

<b>BUSINESS INFORMATION #2</b>	Business Name:		
	Owner/Operator Name:		Business Phone:
	Address:	City:	State:      Zip Code:
	<b>Hours of Operation</b>		
	Mon:	Th:	Sat:
	Tues:	Fri:	Sun:
	Wed:		
	Signature of Owner: _____ Print: _____ Date: _____		
	The restroom shall be equipped with a hand washing sink, hot and cold running water, a self-mixing faucet, and supplied with soap and single service towels in permanently mounted dispensers. Your signature as the restroom facility owner on the line below indicates that you agree to allow the indicated mobile food facility to use your restroom facilities.		

***I, the Mobile Food Facility Owner/Operator, certify that the above information provided is true and correct.***

Owner/Operator Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_