

## COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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## **RESTROOM USE AGREEMENT**

All mobile food facilities operating in San Luis Obispo County that park and conduct business for more than one hour at a specific location must have access to a restroom within 200 feet for use by the food service workers. A separate form is required for each location.

The restroom hand washing sink must be equipped with hot (minimum 100°F) and cold water and wall mounted hand soap and single use towel dispensers or other approved hand drying device.

## 1. TO BE COMPLETED BY THE MOBILE FOOD FACILITY OWNER/OPERATOR: Business Name:\_\_\_\_\_ Vehicle License #: Phone Number: Owner Name: Days in operation: Su Mo Tu We Th Fr Sa Hours of Operation:\_\_\_ 2. TO BE COMPLETED AND SIGNED BY THE OWNER/OPERATOR OF THE ESTABLISHMENT FOR THE USE OF A TOILET AND HAND WASHING FACILITIES: Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Business Address: City: I agree to allow the food service workers of the above mobile food facility, which is located within 200 feet of my establishment, to utilize my restroom and hand washing sink. Print Name:\_\_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 3. TO BE COMPLETED AND SIGNED BY THE MOBILE FOOD FACILITY OWNER/OPERATOR: The above information is true and correct. If I decide to relocate to a different site, I agree to contact the department with updated information and approval. I understand that failure to secure permission to access an approved restroom for use by the food service workers may result in suspension of my health permit and additional fees. I agree to operate my mobile food facility in accordance with these requirements. Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: Date: