Mobile Food Facility Restroom Availability – Agreement

(Complete all parts of this letter)

I, _____ Owner/Manager
(First & Last Name of Person Signing Letter) (Circle One)

Of the following business

_____
(Name of Business)

With the license plate number

_____
(License Number of vehicle)

Located at _____ give
(Full Address; Number and Street/City, State and Zip Code)

permission to: _____ of _____
(First & Last Name of Owner) (Name of Mobile Food Facility)

And his/her employees to use the restroom located within my business at:

_____
(Record full address: Number and Street/City, State and Zip Code of the Operation of the Business)

This restroom is located within 200 feet of where the mobile food facility will operate. The restroom is available on the following

Days: _____ and hours: _____
(Record days of the week) (Record hours and indicate AM or PM)

The City of Long Beach Health Inspector has my permission to enter for the purpose of inspecting this restroom. The restroom shall be maintained clean and provide the following: working toilet, toilet paper, hand sink with hot and cold running water, soap, paper towels or hand dryer.

Printed Name of Business Owner or Manager:

_____
First Middle Last

Signature of Business Owner or Manager:

_____

Owner/Manager's Phone Number: _____ Mobile: _____

Business Owner's email address: _____

Note: Falsification of any information provided on this document by any party will make this agreement null and void and may result in the permit suspension or revocation of the mobile food facility's permit

This document is required to be available in the mobile food facility at all times