



DEPARTMENT OF ENVIRONMENTAL HEALTH

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RESTROOM AGREEMENT FOR MOBILE FOOD FACILITY (MFF)

MFF INFORMATION	
MFF Name:	
Address Where Operating:	
Owner Name:	
Mailing Address	
Hours of Operation:	License Plate #:

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 Owner/Operator: _____ Date: _____

RESTROOM INFORMATION	
Business Name:	Owner Name:
Business Address:	Phone #:
Restroom Requirements: <input type="checkbox"/> Toilet facilities in good repair <input type="checkbox"/> Handwashing sink with hot & cold water	<input type="checkbox"/> Toilet paper in a dispenser <input type="checkbox"/> Hand soap & paper towels in dispensers
Hour's restroom is available to MFF:	

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 inspection by Tehama County Environmental Health.

Signature of Restroom Facility Owner: _____ Date: _____