

GRAYS HARBOR COUNTY DEPARTMENT OF PUBLIC SERVICES ENVIRONMENTAL HEALTH DIVISION

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MFU RESTROOM AGREEMENT

| Mobile Food Unit N | ame: | | |
|--|---|---|---|
| Mobile Food Unit S | ite Location: | (0): \ | |
| | (Street address) | (City) | |
| Mobile Food Unit H | ours and Days (at above location): | | |
| Signature Mobile Fo | ood Unit Owner: | | |
| restroom facilities wit restroom will be allow operator and seating | arked at the same location for more than one hour and/or one that provides sechin 500 feet of the mobile food unit. No crossing any major intersections or multived. Restrooms shall have pressurized hot and cold water, soap, and single-use procustomers need access to restrooms during all hours of operation, including sections of the mobile food unit. Please respond to the following questions below | tiple lanes of paper towe et up times | of traffic to reach the Is available. Both the |
| 1. | Is your mobile food unit at the same location for more than one hour? | □ Yes | □No |
| 2. | Is customer seating provided nearby the mobile food unit? | ☐ Yes | □No |
| If your answer is Restroom Facility II | YES to one or both of the above questions, the mobile food unit owner from a nearby business to have access to their restroom(s). | must obta | ain authorization |
| Business Name: Owner's Name: | | | |
| Street Address and | City: | | |
| Business Phone Number: Business Hours and I | | | |
| Approximate distan | ce from mobile food unit to restroom (feet): | | |
| Does the mobile food unit owner/operator have access to these restroom(s) after hours? | | ☐ Ye | s 🗆 No |
| Do customers of the | e mobile unit have permission to access these restrooms? | ☐ Ye | s 🗆 No |
| AUTHORIZATION T | O USE RESTROOM FACILTIES: | | |
| (Printed Name of Pers | son Authorizing Mobile Food Unit to Utilize Restroom Facilities) | | |
| (Signature of Person A | Authorizing Mobile Food Unit to Utilize Restroom Facilities) | (Date | e) |