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DEPARTMENT OF RESOURCE MANAGEMENT



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Mobile Food Authorization for Use of Restroom Facilities

Mobile Food Facilities (MFFs) shall be operated within 200 feet travel distance of an approved and readily available toilet and hand washing facility to ensure that restroom facilities are available to facility employees whenever the MFF is conducting business in one location for more than a one-hour period (California Health and Safety Code, Section 114315(a)).

The restroom must be one that is inspected by the Environmental Health Division, such as those at a retail food facility (i.e., permitted restaurants or markets), or other approved restroom facilities and hand washing facilities may include commercial facilities that are available for inspection by the EH Division.

Mobile Food Facility Information:

Name of Business (DBA): _____
 Phone Number: (____) _____ E-mail Address: _____
 Vehicle License Number: _____ Hours of Operation: _____

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This section is to be completed by the business owner/operator of the business providing the restroom facilities for use by the Mobile Food Facility (MFF) employees

Facility allowing Restroom use:

Name of Facility: _____
 Address of Facility: _____
 Business Phone Number: (____) _____ Business Hours: _____

Facility Owner Acknowledgement: I, the undersigned owner, operator, or agent, agree to allow the operator and employees of the MFF listed above to use my restroom facilities. The restroom has an operable toilet and hand wash sink equipped with hot and cold running water through a self-mixing faucet and is supplied as needed with soap and single service towels in dispensers. The MFF operator and employees will have access to the restroom during the MFF's hours of operation listed above. I understand the MFF employees need to use the restroom facilities to prevent foodborne illness to patrons and that Solano County Environmental Health Staff will need access to inspect.

Facility Owner's Name: _____

Signature: _____ Date: _____

This authorization may be revoked by Solano County Environmental Health Staff at any time. This authorization form is required annually.

FOR OFFICE USE ONLY		
Inspection Required: Y/N	Reviewed By:	Date Received:
Revoked: Y/N	Date:	