



Restroom Verification Form for Mobile Food Facilities (MFF)

	Date:
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To Be Completed by MFF Owner	
Business Name:	
Registered Owner Address:	
Owner Email Address	Business Phone Number:
MFF Operating Address Associated With This Restroom	Mobile Phone Number:

Days and Times Operating at This Address

I, _____, owner of this MFF business, declare under penalty of perjury the following:

This restroom facility is available for use by myself and my employees. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be so at all times. I further agree to notify the Department of Public Health, Environmental Health Branch immediately if this agreement is terminated for any reason.

I certify that this restroom facility is within a travel distance of _____ feet of my mobile food facility.

To Be Completed by Restroom Facility Owner/Manager	
Business Name:	Restroom Address:
Registered Owner Email Address:	Mobile Phone Number:
Signee Name	Signee Role in the Business

I, _____, manager of the restroom facility located at _____ certify under penalty of perjury the following:

I have granted full permission to the above mentioned MFF owner and employees to use my restroom facility during the MFF hours of operation. I understand and certify that the restroom has warm water, is maintained clean and sanitary, and stocked with paper towels and liquid hand soap and shall be maintained in this condition at all times. I agree to notify the San Francisco Department of Public Health, Environmental Health Branch if this agreement is terminated for any reason.

	Signature	Date
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	Signature	Date
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For Department of Public Health Office Use Only

Special Application or facility notes:
