



Food Cart or Shaved Ice Stand Information

Food Establishment Business Name _____ Operating Address _____

Food Establishment Owner (print) _____ Home Phone / Cell Phone _____

Food Establishment Mailing Address _____ City _____ Zip _____ Business Phone # _____

I agree to utilize the restroom facility listed below for all restroom needs. I further agree to wash my hands in the restroom after using the restroom, and to wash my hands a second time at the food facility when returning from the restroom. I understand that the restroom must be accessible during all hours of food service operations. I will immediately report any change in contracted restroom location to the Bureau of Food Protection.

Signed _____ Date _____
Food Establishment Owner

Restroom Information

Restroom Establishment Name _____ Establishment Owner/Manager (print) _____

Restroom Address _____ City _____ Zip _____ Contact Phone # _____

Restroom Hours: from _____ am / pm to _____ am / pm

I agree to provide restroom facilities for employees of the above business during the listed hours.

Signed _____ Date _____
Owner/Manager of Establishment