



SIGN OFF FOR STOPS LONGER THAN ONE HOUR
Mobile Food Facility

This document is required if you **stop for longer than one hour** at any location. You must complete:

Section 1: approval from the appropriate planning department.

Section 2: approval from the business owner to use their restroom and, if applicable, electrical outlet.

Section 1: General information: – To be completed by APPLICANT — Please print or type.

MFF Business Name _____ PR # _____

Stop Location _____ Stop Duration _____

Section 2: Planning Department Approval – To be completed by local Planning/Zoning Department Jurisdiction— Please print or type.

You must receive approval from the appropriate planning department regarding any planning/zoning issues. For information concerning planning/zoning please contact the appropriate planning department. For your reference we have attached a contact list of planning departments.

Planning Dept. Jurisdiction _____ Date _____ Phone _____

Approved by Print Name/Title _____ Signature _____

Section 3: Restroom/Electrical Outlet Agreement – To be completed by party responsible for restroom facility— Please print or type.

You must **have this section signed** by the owner of the facility granting permission for you and your employees to use the restroom facilities. The restroom must:

- be within 200 feet of where the MFF stops to sell food
- be in good physical condition and sanitary
- have hot and cold water provided via a mixing valve
- have a soap and paper towel dispenser
- be adequately supplied with toilet paper, soap, and paper towels
- be open and available for use for the entire time the MFF is at a location

If you will be using the electrical outlet at this facility please check here.

Restroom/Electrical Outlet Location Information

Business Name _____

Restroom Address _____ Suite _____

City _____ Business Phone _____

The above named MFF has permission to use our restroom facilities and, if checked above, our electrical outlet. Our restroom facilities comply with the requirements listed above.

Business Owner/Manager Signature _____ Date _____

Business Owner/Manager Print Name _____ Cell # _____