



**CITY OF DEER PARK
MOBILE FOOD SERVICE UNIT
RESTROOM AVAILABILITY LETTER**

MOBILE FOOD UNIT RESTROOM AVAILABILITY LETTER (Complete all Parts of this Letter)

I, _____
(First, Last Name of Person signing Letter) (Write "Owner or Manager")

OF THE FOLLOWING BUSINESS _____
(Name of Business)

LOCATED AT _____ **GIVE PERMISSION TO:**
(Record full Address; Number and Street/City, State and Zip Code)

_____ **OF** _____
(First, Last Name of Mobile Unit Owner) (Name of Mobile Food Unit)

AND HIS/HER EMPLOYEES TO USE THE RESTROOM LOCATED WITHIN MY BUSINESS. THIS RESTROOM IS LOCATED ON THE PROPERTY OF WHERE THE MOBILE FOOD UNIT WILL OPERATE.

(Record Full Address: Number and Street/City, State and Zip Code where Unit will operate)

THE RESTROOM IS AVAILABLE ON THE FOLLOWING DAYS:

_____ **AND HOURS:** _____
(Record Days of the Week) (Record Hours and Indicate AM or PM)

THE CITY OF DEER PARK INSPECTOR HAS MY PERMISSION TO ENTER FOR THE PURPOSE OF INSPECTING THIS RESTROOM. THE RESTROOM SHALL BE MAINTAINED CLEAN AND PROVIDE THE FOLLOWING FACILITIES: (WORKING TOILET, TOILET PAPER, HAND SINK WITH HOT AND COLD RUNNING WATER, SOAP, PAPER TOWELS OR HAND DRYER)

Printed Name of Business Owner/Manager: _____
FIRST MIDDLE LAST

Signature Business Owner/Manager: _____ **DATE:** _____

Owner/Manager's Phone Number: _____

Owner/Manager's Email Address: _____