

## City and County of San Francisco

## DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

## **Restroom Verification Form for Mobile Food Facilities (MFF)**

	Date:	
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		
Days and Times operating at Time Address		
I,, owner of this MFF business, declare under penalty of perjury the follwing:		
This restroom facility is available for use by myself and my		•
warm water, is maintained clean and sanitary, is stocked with		• •
times. I further agree to notify the Department of Public Hea	alth, Environmental Hea	alth Branch immediately if this
agreement is terminated for any reason.	e fact of many m	and the second families.
I certify that this restroom facility is within a travel distance of	or reet or my n	nobile rood facility.
To Be Completed by Restroom Facility Owner/Manage		
Business Name:	Restroom Address:	
Dusiness Name.	nestroom Address.	
Dusiness Name.	Restroom Address.	
Registered Owner Email Address:	Mobile Phone Number:	
		s
Registered Owner Email Address:	Mobile Phone Number:	s
Registered Owner Email Address:  Signee Name	Mobile Phone Number: Signee Role in the Busines	S
Registered Owner Email Address:  Signee Name  I,, manager of the restroom fac	Mobile Phone Number: Signee Role in the Busines	s
Registered Owner Email Address:  Signee Name  I,, manager of the restroom factority under penalty of perjury the following:	Mobile Phone Number:  Signee Role in the Busines  lity located at	
Registered Owner Email Address:  Signee Name  I,, manager of the restroom factorify under penalty of perjury the following: I have granted full permission to the above mentioned MFF or	Mobile Phone Number:  Signee Role in the Busines  ility located at  wner and employees to	use my restroom facility during the
Registered Owner Email Address:  Signee Name  I,, manager of the restroom factority under penalty of perjury the following: I have granted full permission to the above mentioned MFF of MFF hours of operation. I understand and certify that the restrictions are considered to the standard certify that the restrictions are considered to the standard certify that the restriction is a standard certification is a standard certification in the standard certification is a standard ce	Mobile Phone Number:  Signee Role in the Busines  ility located at  wner and employees to troom has warm water,	use my restroom facility during the is maintained clean and sanitary, and
Registered Owner Email Address:  Signee Name  I,, manager of the restroom factorify under penalty of perjury the following: I have granted full permission to the above mentioned MFF or	Mobile Phone Number:  Signee Role in the Busines  lity located at  wner and employees to troom has warm water, maintained in this cond	use my restroom facility during the is maintained clean and sanitary, and ition at all times. I agree to notify the
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