



**Community  
Development  
Agency**

**Environmental Health Department**

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## VERIFICATION FORM FOR RESTROOM USE and POWER SUPPLY FOR MOBILE FOOD FACILITIES (MFF)

**NOTE:** Anytime a Mobile Food Facility is parked at one location for more than one (1) hour, an approved restroom facility must be available for employee's to use within 200 feet of travel distance from MFF site.

### MFF OWNER INFORMATION

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Home Address: (street, city, zip) \_\_\_\_\_

Site Address: (street, city, zip) \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Describe where the MFF is parked and typical hours of operation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### BUSINESS OWNER INFORMATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: (street, city, zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Please check if you have the following:  Restroom  Power Supply

If using Generator, \_\_\_\_\_ KW.

I, \_\_\_\_\_, owner of the restroom facility located at \_\_\_\_\_  
\_\_\_\_\_, grant full permission to the above mentioned Mobile Food Facility to use said restroom/ power  
supply during their business hours. I understand that the facility shall be maintained clean and sanitary with adequate  
supplies of soap and paper towels at all times.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE