



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, EH Director

950 MAIDU AVENUE, SUITE #170
P.O. Box 599002
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 470-2939

Env.Health@co.nevada.ca.us
<http://mynevadacounty.com>

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