



Public Health & Social Services Department
Environmental Health Division
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FOOD UNIT RESTROOM AGREEMENT

Food Unit:

Food Unit Name: _____

Food Unit Site Location: _____
(street address) (city)

Food Unit Hours and Days (at above location): _____

Current year of operation: _____ (Please submit a new agreement if you change locations)

Signature Food Unit Owner: _____

A mobile food unit parked at the same location for more than one hour and/or one that provides seating for customers MUST have restroom facilities within 500 feet of the mobile food unit. No crossing any major intersections or multiple lanes of traffic to reach the restroom. Restrooms shall have pressurized hot and cold water, soap, and single-use paper towels available. Both the operator and seating customers need access to restrooms during all hours of operation, including set up times. Failure to have any access may result in closure of the mobile food unit.

Please respond to the following questions below:

1. Is your food unit at the same location for more than one hour ☐ Yes ☐ No
2. Is customer seating provided nearby the food unit ☐ Yes ☐ No

If your answer is YES to one or both of the above questions, then food unit owner must obtain authorization from a nearby business to have access to their restroom(s).

Restroom Facility Location:

Business Name: _____ Owner's Name: _____

Physical Address: _____ City: _____

Business Phone Number: (____) _____ Business Hrs and Days: _____

Approximate distance from food unit to restroom (feet): _____

Does the food unit owner/operator have access to these restroom(s) after hours: ☐ Yes ☐ No

Do customers of the food unit have permission to access these restrooms: ☐ Yes ☐ No

Authorization to Use Restroom Facilities:

(Printed Name of Person Authorizing Food Unit to Utilize Restroom Facilities)

(Signature of Person Authorizing Food Unit to Utilize Restroom Facilities)

(Date)

(A separate form will be needed for each restroom location or if hours of operation are covered by multiple restroom agreements)

For Office Use Only

Date Received: _____ Approved By: _____ Approval Months/Year: _____