CENTRAL NEVADA HEALTH DISTRICT
485 WEST B STREET SUITE 101
FALLON, NV 89406
PH. (775) 867-8181
HealthPermit@CentralNevadaHD.org
Environmental Health Services - Central Nevada Health District (centralnevadahd.org)

MOBILE FOOD UNIT RESTROOM AUTHORIZATION AGREEMENT

Mobile Food Service Information

Mobile Unit Business Name:	
Mobile Business Owner Last Name:	Mobile Business Owner First Name:
Mobile Business Owner Contact Number:	Mobile Business Owner Contact Email:

I agree to utilize the facility below for employee restroom needs. I understand that to operate, the restroom must be available during all mobile food unit business hours. If this restroom agreement is terminated at any time, I understand I must notify Central Nevada Health District Environmental Health Services and provide a new updated restroom agreement form prior to operating. I understand if restrooms are not available, I cannot stay longer than 1 hour at any one location as per NAC 446.

Signature (Mobile Business Unit Owner) _____ Printed Name _____ Date ____/____/____

Restroom Location Information

Business Name (DBA):	
Business Owner Last Name:	Business Owner First Name:
Business Address:	Business Owner Contact Email:
Permitted Hours/Days Restroom Use: *(List All Hours/Days Mobile Food Unit con use restrooms)*	How will Restrooms be Accessed?: *(i.e. Key, Open to Public, Etc.)*

NAC 446.742 Restriction on operation from a specific fixed location

1. A mobile unit must not be operated from a specific fixed location, other than at a special event, for more than 4 hours.
2. If restrooms are not available to the food employees, a mobile unit may not stay longer than 1 hour in any one location unless prior approval is received from the health authority.

All mobile food units must have restrooms available for employees while operating.

Please provide a restroom agreement for every location on the mobile food unit route.

Until further notice, I agree to allow the employees of the above referenced mobile food unit to utilize my restroom facilities while operating. In addition, I will notify the above mobile food unit if there are any changes to business operating hours and/or if my business experiences restroom issues at any time.

Signature (Restroom Business Operator) _____ **Printed Name** _____ **Date** ____/____/____

OFFICE USE ONLY: **OFFICE USE ONLY:**