

Rose Mary Rahn Director

Milton Teske, M.D.

Health Officer



To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.

Permission for Use of Restroom Facilities

	, of		_, has
Name of Mobile Operator		Business Name	,
my permission to use my restroom fa	cilities at my business	located at	
Restroom Address	City		
By allowing the mobile food operator permission to the Kings County Envirustroom facilities as needed during r	onmental Health Servi	ices Division to insp	ect my
 That the restroom is fully fur That the restroom is clean That the restroom is provide 			owels
Signature	 Date		
Printed Name	Business	Name	
Note to mobile food vendor: Whenev hour or more it must operate within 20 be in a private home and must be ava	00 feet of an approved	I restroom. The res	•
Please consult applicable city and collimits for operating in one location.	unty offices for informa	ation regarding allov	wable time
H:\AWEHS\FORMS\APPLICATIONS\Food\restroom perm	ission slip bilingual 10/25/2019		
460 Kings County Drive, Suite 101 & 102		 e: 559-584-1411 Fax: 55	59-584-6040