

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES  
ENVIRONMENTAL HEALTH & SAFETY**

625 5<sup>th</sup> Street, Santa Rosa, CA 95404 ❖ Phone (707) 565-6565 ❖ Fax (707) 565-6525 ❖ [www.sonoma-county.org/food](http://www.sonoma-county.org/food)

<b>SIGN OFF FOR STOPS LONGER THAN ONE HOUR</b> Mobile Food Facility
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This document is required if you **stop for longer than one hour** at any location. You must complete:

**Section 1:** approval from the appropriate planning department.

**Section 2:** approval from the business owner to use their restroom and, if applicable, electrical outlet.

**General Information**

MFF Business Name \_\_\_\_\_ PR # \_\_\_\_\_

Stop Location \_\_\_\_\_ Stop Duration \_\_\_\_\_

**Section 1: Planning Department Approval**

You must receive approval from the appropriate planning department regarding any planning/zoning issues. For information concerning planning/zoning please contact the appropriate planning department. For your reference we have attached a contact list of planning departments.

Planning Dept. Jurisdiction \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_  
*Print Name and Title* *Signature*

**Section 2: Restroom/Electrical Outlet Agreement**

You must **have this section signed** by the owner of the facility granting permission for you and your employees to use the restroom facilities. The restroom must:

- be within 200 feet of where the MFF stops to sell food
- be in good physical condition and sanitary
- have hot and cold water provided via a mixing valve
- have a soap and paper towel dispenser
- be adequately supplied with toilet paper, soap and paper towels
- be open and available for use for the entire time the MFF is at a location

If you will be using the electrical outlet at this facility please check here.

**Restroom/Electrical Outlet Location Information**

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Bus. Phone \_\_\_\_\_

The above named mobile food facility has permission to use our restroom facilities and, if checked above, our electrical outlet. Our restroom facilities comply with the requirements listed above.

Business Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Manager Print Name \_\_\_\_\_ Cell # \_\_\_\_\_