



RESTROOM AGREEMENT



Food Protection Bureau
788 E. Woodoak Lane
Murray, UT 84107

Food Cart or Shaved Ice Stand Information

Food Establishment Business Name

Operating Address

Food Establishment Owner (print)

Home Phone / Cell Phone

Food Establishment Mailing Address

City

Zip

Business Phone #

I agree to utilize the restroom facility listed below for all restroom needs. I further agree to wash my hands in the restroom after using the restroom, and to wash my hands a second time at the food facility when returning from the restroom. I understand that the restroom must be accessible during all hours of food service operations. I will immediately report any change in contracted restroom location to the Food Protection Bureau.

Signed _____
Food Establishment Owner _____ Date _____

The portion below is to be filled out by the restroom establishment owner/manager only.

Restroom Information

Restroom Establishment Name

Establishment Owner/Manager (print)

Restroom Address

City

Zip

Contact Phone #

Restroom Hours: from _____ am / pm to _____ am / pm

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I agree to provide restroom facilities for employees of the above business during the listed hours.

Signed _____
Owner/Manager of Establishment _____ Date _____