Consumer Health Services Division
Email: environmental@gchd.org
Phone: 409-938-2411
Fax: 409-938-2271
www.gchd.org

Physical: 9850-D Emmett F. Lowry Expressway
Texas City, Texas 77591
Mailing: PO Box 939
La Marque, Texas 77568

Mobile Food Unit Restroom Availability Letter

(Complete all Parts of this Letter)

I, _____
(First, Last Name of Person Signing Letter) (Write "Owner or Manager")

of the following business _____
(Name of Business)

located at_____ give permission to:
(Address, City, Zip Code)

_____OF _____
(Name of Mobile Food Unit Owner) (Name of Mobile Food Unit)

and his/her employees to use the restroom located within my business. This restroom is located within 500 feet of where the mobile food unit will operate at:

_____ The restroom is available on the following days and
(Address where Mobile Food Unit will Operate)

hours: _____

THE GALVESTON COUNTY HEALTH DISTRICT INSPECTOR HAS MY PERMISSION TO ENTER FOR THE PURPOSE OF INSPECTING THIS RESTROOM. THE RESTROOM SHALL BE MAINTAINED CLEAN AND PROVIDE THE FOLLOWING FACILITIES: (WORKING TOILET, TOILET PAPER, HAND SINK WITH HOT AND COLD RUNNING WATER, SOAP, PAPER TOWELS OR HAND DRYER)

Signature of Business Owner or Manager: _____Date: _____

Owner/Manager's Phone Number: _____Owner's email: _____

Notes: This agreement shall be valid only through the expiration date of the mobile food unit's permit. Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the mobile food unit's permit.

THIS DOCUMENT IS REQUIRED TO BE POSTED IN PLAIN VIEW OF THE PUBLIC IN THE MOBILE FOOD UNIT AT ALL TIMES