



Environmental Health Division
Mobile Food Unit
Restroom Agreement Form

Email Form to: eh@carson.org



Carson City Health and Human Services
 Environmental Health Division
 900 E Long St Carson City, NV 89706

Phone: 775-887-2190 Gethealthycarsoncity.org



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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 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.

9.05.049 - Mobile units -

Proposed plans and specifications; hours of operation; limitations on place of operation; exceptions.

3. A mobile unit operating at parking facilities for office complexes, industrial complexes, or construction sites, must not operate for periods that exceed four (4) hours.

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

Please fill out the following restroom agreement form with the business owner that is providing the restroom facilities.

There must be a restroom agreement for every location on the mobile food unit route.

Mobile Food Unit 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 in order 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 the Environmental Health Division and provide a new updated restroom agreement form. I understand if restrooms are not available, I cannot stay longer than 1 hour at any one location.

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 can use restrooms)

How will Restrooms be Accessed?:
(i.e. Key, Open to Public, Etc.)

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: