



AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION



P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
Web Address: <http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Restroom Facility Agreement

All City of Austin Mobile Food Vendors are required to submit and maintain a current Restroom Facility Agreement for each location where the mobile unit will operate for longer than two (2) hours. This agreement confirms availability of a restroom, during the hours of operation, for staff, within 150 feet of the vending location. Failure to maintain a current Restroom Facility Agreement with this department, for each vending location in which you operate may result in permit suspension and/or filing of legal charges.

Upper Portion: Mobile Food Vendors that intend to access restroom facilities of a store front or other similar establishment must have the top portion of this form signed by the owner or responsible party of that establishment.

Lower Portion: Mobile Food Vendors that intend to access portable restroom facilities must have the bottom portion of this form signed by the owner or responsible party of the Mobile Food Vendor.

Non-commercial Facilities: Non-commercial/Residential facilities cannot fulfill this requirement.

Fixed Establishment Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Business Owner/Responsible Party (printed) Name of Business (printed)

located at _____ give permission to _____
Business Address (printed) Name of Mobile Owner/Responsible Party (printed)

of _____ to use my restroom facilities for their employees during the
Name of Mobile Vending Unit (printed)

mobile unit's hours of operation. I understand that observations of inaccessibility to my restroom facilities during the mobile vendor's hours of operation, restroom facilities greater than 150 feet from mobile unit or sewage violations may result in this agreement being rescinded by the Austin/Travis County Health & Human Services Department.

Signature of Business Owner/Responsible Party Printed Name of Business Owner/Responsible Party Contact Phone Number Date

Signature of Mobile Vending Unit Owner/Responsible Party Printed Name of Mobile Vending Unit Owner/Responsible Party Date

Portable Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Mobile Vending Unit Owner/Responsible Party (printed) Name of Mobile Vending Unit (printed)

will adhere to the requirements of the Restroom Facility Agreement when in operation for two (2) consecutive hours or more at a single location. I will adhere to this requirement through the use of a portable restroom facility to be located at

_____ which will be routinely serviced by
Address of Portable Restroom Location

_____ and will be located and maintained in adherence to all local zoning and code
Printed Name of Liquid waste Hauler Company

regulations. I understand that observations of inaccessibility to my restroom facilities during the hours of operation, restroom facilities greater than 150 feet from mobile unit or sewage violations may result in this agreement being rescinded by the Austin/Travis County Health & Human Services Department.

Signature of Mobile Vending Unit Owner/Responsible Party Printed Name of Mobile Vending Unit Owner/Responsible Party Date