

**PROPERTY USE & RESTROOM AUTHORIZATION AGREEMENT**

**DATE:** \_\_\_\_\_

**TO:** Harris County Public Health Environmental Public Health Division

**RE: Authorization for Mobile Food Unit Operation**

**PROPERTY OWNER/REPRESENTATIVE:** \_\_\_\_\_

**LEGAL ADDRESS OF PROPERTY:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

I, the undersigned, certify that I am the owner or authorized representative of the property listed above. I hereby grant permission to **[Your Business Name]** to operate their Mobile Food Unit at this location.

**1. Restroom Facilities:** I certify that a flushing toilet and hand wash sink with hot/cold water, soap, and paper towels are located within a fixed structure at this address. These facilities are located within 300 feet of the MFU’s parking location and will be available to all employees during all hours of operation.

**2. Operating Schedule:** Permission is granted for the following days/hours:  Mon  Tue  Wed  Thu  Friday  Sat  Sun Hours: \_\_\_\_\_ to \_\_\_\_\_

**3. Waste/Utilities:** The operator has permission to utilize  Water  Electricity (if applicable) and is responsible for maintaining a clean perimeter.

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

---

**NOTARY ACKNOWLEDGMENT** *State of Texas, County of Harris* This instrument was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of signer).

---

*Notary Public, State of Texas (Seal)*