

**BUTTE COUNTY PUBLIC HEALTH DEPARTMENT
MOBILE FOOD FACILITY, MOBILE FOOD PREP UNIT
POWER SUPPLY & RESTROOM FACILITIES FORM**

Mobile Food Unit Information

Business Name: _____

License Plate Number: _____

Mobile Owner's Name: _____

Computer Number: _____

Power Supply

Equipment requiring power: _____

Type of Power:

_____ Electricity _____ Propane _____ Inverter _____ Generator

Electricity (electrical outlet) provided by:

Business Name and Address: _____

Business Owner's Signature: _____

Mobile Owner's Signature: _____

Restroom Facilities:

Mobile food unites operating at a fixed location for an extended period of time (more than 1 hour) shall have access (for food handlers/employees) to acceptable, easily accessible, permanent restroom facilities located within 200 feet of the operating location.

Restroom location (Business Name and Address): _____

Business Owner's Signature: _____ **Date:** _____

Mobile Owner's Signature: _____ **Date:** _____