

## RESTROOM AGREEMENT FORM

Food Service Establishment Application

Submittal Date	Dates of Usage (1 year maximum)	
	From	To

By signing this agreement, the owner of the restroom facility certifies that the restroom meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#).

RESTROOM FACILITY INFORMATION	
Name of facility	Contact phone
Facility address (city, state, zip)	
Email	
Facility owner printed name	
Facility owner signature	Date

APPLICANT INFORMATION	
Business/vendor name	Contact phone
Mailing address (city, state, zip)	
Email	
Business owner printed name	
Business owner signature	Date

### CERTIFICATION AND ACKNOWLEDGMENT

By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:

- This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD).** Should either party terminate the agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved restroom facility and a signed agreement is provided to KPHD.
- The restroom must be available for an inspection by the Kitsap Public Health District during inspections of the food service establishment.
- The operating hours of the food service establishment are limited by the availability of the restroom. The establishment must close if the restroom becomes unavailable.

### HEALTH DISTRICT REVIEW

Reviewed and accepted by:

Environmental Health Specialist

Date