

The Milford Health Department

82 New Haven Avenue ♦ Milford, CT ♦ 203-783-3285 ♦ Fax 203-783-3286

https://www.ci.milford.ct.us/health-department

ITINERANT FOOD VENDING ESTABLISHMENT RESTROOM AGREEMENT LETTER

Date:		
Restro	om letter for:	
	(Name of Itinerant Food Vending Estab	blishment)
l,	have ar	a agreement with
	(Owner name of restroom facility)	agreement with
giving _		and is/her employees the right to use the restrooms at:
	(Name of Itinerant Food Vending Establishment)	
	(Name & address o	of restroom facility)
The hou	urs that I allow the restroom to be used are:	
	These hours are during my normal operating hours.	
	These hours are outside my normal operating hours. I have	ve provided afterhours access.
The agr	reement begins: I am no	ot responsible for any actions of
	(Date)	(Name of Itinerant Food Vending Establishment)
outside	e my establishment and may terminate my agreement with	
		(Name of Itinerant Food Vending Establishment)
For	(Reason for termination of agreement)	
	(Reason for termination of agreement)	
	I understand that the Milford Health Department has the Milford Health Department as such time as the agreemen	right to inspect the restroom while the restroom is in operation. I will notify the t is terminated.
Signed:		Date: