



Affidavit of Employee Rest Room Availability

Business/ Trade Name: _____

Location Address: _____

Hours of Operation: _____

State Sales Tax Number: _____

I (print name) _____ as a representative of the above
Last First MI

named company offer this affidavit as proof that a rest room for my employees is conveniently located and accessible to my business. I also acknowledge that if I cease to use this address, a new rest room affidavit must be submitted for approval before I can resume selling my product.

Operator/ Vendor: _____
Signature Date

I (print name) _____ as owner/representative of this
Last First MI

business do hereby confirm that

_____ has permission
Last First MI

to use the rest rooms of this business

Print Name of Business

which is located at

Print Address of Business

The telephone number of this business is _____ . Business hours of operation

_____. I do hereby confirm the above information is true by signing on the appropriate line below

Business Owner/ Representative _____
Signature Date

For Tri-County Use Only	
EHS Name	_____
Print	Date
EHS	_____
Signature	Date