



## 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