ARAPAHOE COUNTY
PUBLIC HEALTH

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 Arapahoe County Public Health Use Only

EHS Name _____ _____
Print Date

EHS _____ _____
Signature Date