



## 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 Adams County Use Only

**EHS Name** \_\_\_\_\_  
Print Date

**EHS** \_\_\_\_\_  
Signature Date