



ANNUAL RESTROOM LETTER

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Consumer Health Division  
Code Compliance Department  
818 Missouri Ave. - Room 154  
Fort Worth, Texas 76104-3618

I, \_\_\_\_\_, hereby certify that I am the owner/lessee of \_\_\_\_\_ located at  
OWNER OF LOT BUSINESS ON LOT

\_\_\_\_\_; (\_\_\_\_\_) \_\_\_\_\_ and I  
STREET NO. STREET NAME CITY STATE ZIP CODE PHONE NUMBER

authorize \_\_\_\_\_, owner of \_\_\_\_\_, to locate within my lot.  
OWNER OF MOBILE BUSINESS NAME OF MOBILE BUSINESS

I understand that by granting the mobile vendor permission to locate within my lot, the City of Fort Worth will issue the mobile vendor a Vendor Certificate of Occupancy, provided that the mobile vendor meets all other city requirements. I certify that I have sufficient parking spaces for occupancy by the mobile vendor or the mobile vendor will not occupy required parking spaces. The Fort Worth City Code prohibits more than one mobile vendor per individual tract, parcel or platted lot.

I understand by granting the mobile vendor permission to locate within my lot, I may not give permission to another vendor to locate at the same address, individual lot, parcel or platted lot unless the mobile vendor surrenders his or her Vendor Certificate of Occupancy to the City or the Vendor Certificate of Occupancy has expired.

I certify that I will provide access to my restroom facilities for the mobile vendor and his or her employees during the hours of:

\_\_\_\_\_ on \_\_\_\_\_  
HOURS OF OPERATION DAYS OF OPERATION

The City of Fort Worth Code states **no mobile vendor shall operate at any time between the hours of 2:00 a.m. and 7:00 a.m.**

I hereby authorize access by the City to the property for the purpose of performing a site inspection in anticipation of a Vendor Certificate of Occupancy being issued.

**STATEMENT OF AFFIRMATION (FILL OUT WITH BLUE INK ONLY)**

I, \_\_\_\_\_, have read the notarized letter affixed with my signature and do solemnly swear that the  
OWNER OF LOT  
forgoing statements are true in substance. I authorize the mobile vendor listed above access to my lot and restrooms.

\_\_\_\_\_  
OWNER/LESSEE OF LOT - SIGNATURE

\_\_\_\_\_  
NOTARY'S SIGNATURE

\_\_\_\_\_  
OWNER/LESSEE OF LOT - PRINT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
NOTARY'S SEAL

\*\*Please complete this form in its entirety prior to signing and notarizing or the document will not be accepted\*\*