

Restroom Agreement

Shaved Ice establishment information

Shaved Ice Establishment name _____

Address _____

Establishment Owner name _____

I agree to utilize the facility below for restroom needs. I understand that in order to operate, the restroom must be available. I agree to adjust my business hours if necessary to ensure a restroom is available for my employees.

Signed _____ (establishment owner) Date _____

Restroom information

Restroom establishment name _____

Address _____

Establishment owner name _____

I agree to allow the employees of the above referenced shaved ice establishment to use my restroom facilities.

Signed _____ (establishment owner) Date _____