

Expires August 31st of Each Year

TOWNSHIP OF WAYNE DEPARTMENT OF HEALTH

APPLICATION FOR LICENSE TO OPERATE VENDING MACHINE

*Owner/Operator's Name: _____
Address: _____ Phone: _____

**Distributor's Name: _____
Address: _____ Phone: _____

If Individual or Partnership, state names & addresses of each:

Name	Address	Phone Number

If applicant is incorporated provide Name, Date & State of Incorporation: _____

VENDING MACHINE INFORMATION:

<u>LOCATION NAME</u>	<u>LOCATION ADDRESS</u>	<u>MACHINE TYPE</u>	<u>NO. OF MACHINES</u>	<u>TOTAL FEE EA. LOCATION</u>

If more lines are needed please attach a separate sheet

TOTAL NO: _____ TOTAL FEE: _____
DISTRIBUTOR'S FEE \$25.00 (if applicable): _____
TOTAL: _____

*If you are an individual/company/partnership that owns and/or leases vending machines only at your own business address (i.e., owner and location are both at the same address), you are an Owner/Operator. There is no annual distributor fee. A Fee of \$15.00 is required for each vending machine.

**If you are an individual/company/partnership that owns and/or leases vending machines at a location other than your business address, you are a Distributor. You are required to pay a \$25.00 annual fee plus \$15.00 for each vending machine.

Signature: _____ Title: _____ Date: _____

A LICENSE MUST BE DISPLAYED ON EACH VENDING MACHINE OR LEGAL ACTION WILL BE TAKEN.

For Use by the Wayne Township Health Department only:

Total: _____ Date: _____ License # issued: _____

Check #: _____