

_____ Application for a License to Conduct a Vending Machine Location

Instructions:

- 1 . Complete the applicable section. (Make any corrections if necessary.)
- 2 . Sign and date the application.
- 3 . Make a check or money order payable to:
- 4 . Return check and signed application **by** * :
to :

Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130

***There is a mandatory penalty fee of 25 % of the renewal fee for operating a vending machine location after the deadline (Chapter 3717 of the Ohio Revised Code).**

Before license application can be processed the application must be completed and indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

| | | |
|-------------------|-----------------|--------|
| Vending Company | | |
| Phone # () | Fax # () | E-mail |
| Address | | |
| City | State | ZIP |

| Location name | Location address (include City and ZIP) | LHD use only | |
|---------------|---|--------------|----------------|
| | | Audit number | License number |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|------|
| <i>I hereby certify that I am the license holder, or the authorized representative, of the vending machine location(s) indicated above.</i> | |
| Signature | Date |

Licensors to complete below

| | | | |
|-------------|------------|----------------|---------------------------|
| License fee | + Late fee | + State amount | = Total amount due |
| \$41.00 | | | |

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

| | | | |
|----|------|------|----|
| By | Date | page | of |
|----|------|------|----|

_____ **APPLICATION CONTINUATION FOR LICENSE TO CONDUCT A VENDING MACHINE LOCATION**

| | | | | | |
|------------------|--|-----------------------|--|---------------------|--|
| Vending Company: | | Telephone Number: | | page _____ of _____ | |
| LOCATION NAME | LOCATION ADDRESS (Including City and Zip) | DEPT. USE ONLY | | | |
| | | Audit Number | | License Number | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |