

_____ 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 \$37.00	+ Late fee	+ State amount	= Total amount due
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	page	of
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_____ 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	