



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

SJCHD 04-300 Revised 3/30/2021

St. Joseph County Department of Health

Application for Vending Machine Permits

Establishment Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Contact Person: _____

Print Name: _____ Signature: _____

Please see fee schedule on reverse side of the application. Fees are not accepted after 4:00 p.m. Our office shall accept Business Checks, money orders, cashiers' checks, Visa/Master Card, Discovery, and \$100.00 bills. Opening inspections must be scheduled for the current year. Please place additional information on the reverse side of the application.

Vending Machine #	<u>EXACT LOCATION:</u> <i>Company, Address, City, Floor or Location in the building where machine is placed.</i>	Machine Type

For Office Use Only!

Date Paid: _____

Total Amount Paid: \$ _____ Permit(s) received on: _____

Transaction #: _____ Department Employee: _____

[illegible]

The following fee schedule as established by the St. Joseph County Board of Health and hereby approved by the Board of Commissioners of St. Joseph County.

Resolution R-18-C-2015
Vending Machines Fees \$10.00