



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

SJCHD 04-300 Revised 11/3/2025

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 page 2 of the application. Fees are accepted in office from 8:00am-4:00 p.m.
Our office accepts Business Checks, money orders, cashiers' checks, Visa/Master Card/Discover/American Express, and cash.
Opening inspections must be scheduled for the current year. Please place additional information on page 2 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 (Ex.) coffee, Gen. Merch, cold foods and--Permit <u>sticker inside on glass</u> <u>or external surface</u>)

For Office Use Only!

Date Paid: _____

Total Amount Paid: \$ _____

Transaction #: _____

Permit(s) received on: _____

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.

Vending Machines Fees \$15.00