



VENDING MACHINE LICENSE APPLICATION

Mail completed application and submit payment to:
Lee County Health Department
#3 John Bennett Drive
PO Box 1426
Fort Madison, IA 52627

Date of Application: _____
 Anticipated Opening Date _____
 Has ownership changed since last license was issued? Yes No
 If yes:
 Give previous owner name _____,
 Business name _____, and
 license number: _____ (If known)

Establishment Information (if any information has changed, update information on renewal application)
 Note: a new application is required for change in the business address or ownership

Name of Business: _____ Ownership Type: _____
 Owner's Name: _____ Business Phone Number: _____
 Alternative or Cell Phone _____ Business E-mail Address: _____
 Physical Business Address: _____ Suite # _____ County: _____
 City: _____ State: _____ Zip Code: _____
 Person-In-Charge (onsite) _____ Title of Person-In-Charge _____
 Person-In-Charge Phone _____ Person-In-Charge Email _____

Mailing address for all correspondence, if different than above:

Attn: _____ Telephone Number: () _____
 Street or Route: _____ Suite# _____ City: _____ State: _____ Zip code: _____

Commissary or Warehouse Information (location where food prepared, packaged, or stored)

Establishment Name:	License Number:
Address:	Owner:
City: State: Zip:	Phone: () Cell phone: () Email:

License Fee Table (please complete)
License Fee:
\$50.00 for the first vending machine and \$10 for each additional machine

# of Machines		License Fee
1	x\$50.00 = \$50.00	First machine@ \$50.00
_____	x\$10.00 = _____	Each additional @\$10.00 each
	Total Fee = _____	

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Check #	Date Received	Amount Received
Check Name	Penalty amount	Amount Due

*Complete reverse side of application

