

LEE COUNTY HEALTH DEPARTMENT

Telephone: 319-372-5225 or 800-458-6672

VENDING MACHINE LICENSE APPLICATION

Mail completed application to:
 Lee County Health Department
 2218 Avenue H
 Fort Madison, IA 52627

Date of Application: _____
 Type of application: New Renewal

Has ownership changed since last license issued? Yes No

If yes, give previous owner _____, business name _____, and license number: _____ (if known)

License applications may be completed online at:
www.food.iowa.gov

LATE PENALTIES APPLY IF LICENSE HAS EXPIRED

Establishment
License # Exp date

Establishment Information (if any information has changed, update information on renewal application or online at www.food.iowa.gov Note: a new application is required for change in ownership)

Name of Business: _____
 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 _____
 Secondary Person in Charge _____ Title of Secondary Person in Charge _____

Mailing address for all correspondence, if different than above:

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

Ownership Information Sole Proprietor Partnership Corporation Non-profit Organization LLC LLP

If not Sole Proprietor, complete the following section for partners or officers:

Name: _____ Title: _____	Name: _____ Title: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: () _____ Cell phone: () _____	Phone: () _____ Cell phone: () _____
email: _____	email: _____

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:
\$20.00 for the first vending machine and \$5 for each additional machine

# of Machines			License Fee
1	x\$20.00 =	\$20.00	First machine @ \$20.00
_____	x\$5.00 =	_____	Each additional @ \$5.00 each
Total Fee =		_____	

Any Change in Ownership Requires a New License.
 Licenses are **Not** Transferable. Make Check or Money Order Payable to:
Lee County Health Department

Signature of Applicant: _____
 Title of Applicant: _____

For Office Use Only
Ck # _____
Fee Amount _____
Penalty Amt. _____
Date _____

***Complete reverse side of application before submitting application**