

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: **Ashtabula County Health Department**
4. Return check and signed application **by***: **March 1st**

to: Ashtabula County Health Department
 12 West Jefferson Street
 Jefferson, Ohio 44047-1096

*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 the 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

Licenser to complete below

License fee	+ 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 _____
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LOCATION NAME	LOCATION ADDRESS (Include City, and Zip)	DEPT. USE ONLY	
		AUDIT NUMBER	LICENSE NUMBER