



Johnson County Public Health

VENDING MACHINE LICENSE APPLICATION

Mail completed application and submit payment to: Johnson County Public Health 855 S Dubuque Street Ste 217 Iowa City, IA 52240

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)

Table with 2 columns: 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

Table with 4 columns: # of Machines, License Fee, Total Fee

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Table with 3 columns: Check #, Check Date, Amount Received, Check Name, Penalty amount, Amount Due

*Complete reverse side of application

