



Telephone: (563) 326-8618

VENDING MACHINE LICENSE APPLICATION

Scott County Health Department

Mail completed application and submit payment to: Scott County Health Department 600 W 4th Street Davenport, IA 52801

Date of Application: \_\_\_\_\_

Anticipated Opening Date \_\_\_\_\_

Has ownership changed since last license was issued? [ ] Yes [ ] No

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

