LEE COUNTY HEALTH DEPARTMENT

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

VENDING MACHINE LICENSE APPLICATION

2218 Avenue H Has ownership changed since [] Yes [] No Fort Madison, IA 52627 Has ownership changed since [] Yes [] No Establishment If yes, give previous owner, and license names	Mail completed application to:		Date of Application			
Fort Madison, IA 52627 Has wornship changed since []Yes []No Establishment If yes, give previous owner	Lee County Health Department		Type of application:	\Box New \Box Rene	wal	
Int genes, give periodus owner	2218 Avenue H					
bisiness name	Fort Madison, IA 52627					
license number:	Establishment					
License # Exp date License # Exp			business name, and			
License # Exp date License # Exp			license number:		(if known)	
License # Exp date License # Exp						
Establishment Information (if any information has changed, update information on renewal application or online at www.food.lowa.gov. Note: a new application is required for change in ownership Name of Business: Business Phone Number: () Alternative or Cell Phone () Business E-mail Address Person-In Charge (onsite) Title of Person-In-Charge E-mail Person-In Charge Phone () Person-In-Charge E-mail Person-In Charge Phone () Person-In-Charge E-mail Secondary Person in Charge Title of Secondary Person in Charge Mailing address for all correspondence, if different than above: Attransition [] Non-profit Organization [] LLC [] LLP In ot Sole Proprietor, complete the following section for partners or officers: 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: Address: Address: City: State : Zip: Phone: () Cell phone: () Cell phone: () Phone: () Cell phone: () Cell phone: () Ownership Information; (location where food prepared, packaged, or stored) Establishment Name: License Fee: S20						
www.food.lows.gov Note: a new application is required for change in ownership Name of Business:	License # Exp date		LATE PENALTIES APPLY IF LICENSE HAS EXPIRED			
www.food.lows.gov Note: a new application is required for change in ownership Name of Business:	Establishment Information (if any info	presention has changed under	to information on rand	wal application or a	nlino at	
Name of Business:				ewai application of C	Jiiiie at	
Owner's Name:						
Alternative or Cell Phone ()Business E-mail AddressZip Code: City:State:Zip Code: Person-In-Charge (onsite)Title of Person-In-Charge Person-In-Charge Phone ()Person-In-Charge Mailing address for all correspondence, if different than above: Attn: 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 InformationState to for partners or officers: Name: Title: Name:Title:Address: City:State : Zip: City:State : Zip: Phone: () Cell phone: () Phone: () Cell phone: () email: Commissary or Warehouse Information: (location where food prepared, packaged, or stored) Establishment Name:License Number: Address: City:State: Zip Phone: () Cell phone: () email: License Fee: State: Zip Phone: () Cell phone: () email: License Fee: State: Zip Phone: () Cell phone: () email: Address: Address: Cowner: City: State: Zip Phone: () Cell phone: () email: License Fee: State: Zip Phone: () Cell phone: () email: Address: Any Change in Ownership Requires a New License Licenses are Not Transferable. (make Check or Money Order Payable to: Licenses are Not Transferable. Make Check or Money Order Payable to: Enditional machine Signature of Applicant: Signature of Applicant:	Owner's Name		Busines	s Phone Number: (_)	
City:	Alternative or Cell Phone ()	Business E-	-mail Address	·	·	
City:	Physical Business Address:		Suite#	County: _		
Person-In-Charge Phone () Person-In-Charge Email Title of Secondary Person in Charge Telephone Number: (State: Zip Code: Zip Code: Zip Code: State: Zip Code: Zip Cod	City:	State	2:	Zip Code:		
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Mailing address for all correspondence, if different than above: Attn:						
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Street or Route:	Attn:		Telepho	ne Number: ()	
If not Sole Proprietor, complete the following section for partners or officers: Name: Title: Name: Title: Address: Address: City: State : Zip: City: State : Zip: City: State : Zip: Phone: () Cell phone: () Phone: () Cell phone: () email: Commissary or Warehouse Information: (location where food prepared, packaged, or stored) Establishment Name: License Number: Address: Owner: City: State: Zip Phone: () email: City: State: Zip Phone: () Cell phone: () email: License Fee: Owner: City: State: Zip Phone: () cell phone: () email: License Fee: State: Zip Phone: () Cell phone: () email: State: Zip Phone: () Cell phone: () email: Exemption: Exemption: License Fee: State: Zip Phone: () Cell phone: () email: Exemption: Each additional @ \$5.00 additional machine Total Fee =	Street or Route:	Suite#City:	S	tate:Zip	Code:	
Name: Title: Name: Title: Address: Address:	Ownership Information	etor \Box Partnership \Box Con	rporation 🗆 Non-pro	fit Organization \Box	LLC \Box LLP	
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Licenses are Not Transferable. Make Check or Money Order Payable to: Ck # Lee County Health Department Fee Amount Signature of Applicant: Penalty Amt. Penalty Amt.			Total Fee =			
Licenses are Not Transferable. Make Check or Money Order Payable to: Ck # Lee County Health Department Fee Amount Signature of Applicant: Penalty Amt. Penalty Amt.			. .			
Lee County Health Department Ck # Signature of Applicant: Fee Amount					For Office Use Only	
Signature of Applicant: Penalty Amt				Ck	#	
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Date	Signature of Applicant:					
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*Complete reverse side of application before submitting application