

WHEELING-OHIO COUNTY HEALTH DEPARTMENT
VENDING MACHINE PERMIT APPLICATION FOR 2011 - 2012

OWNER/AGENT _____

OWNER'S ADDRESS _____

OWNER'S PHONE # () _____ FAX# _____

OWNER/AGENT SOCIAL SECURITY NUMBER _____ - _____ - _____
(or Federal ID)

NAME OF OPERATION _____

FORMERLY OPERATING AS _____

MAILING ADDRESS _____

LOCATION OF OPERATION _____

PHONE # () _____ FAX# () _____

VENDING LOCATION AND ADDRESS _____

VENDING AREA _____

FEE SCHEDULE BASED ON # OF PHF MACHINES PER AREA

\$50.00 PER POTENTIALLY HAZARDOUS FOOD (PHF) MACHINE PER AREA; A MAXIMUM OF \$300.00 PER SITE.

OF PHF MACHINES _____

PLEASE ENCLOSE FEE, PAYABLE TO THE WHEELING-OHIO COUNTY HEALTH DEPARTMENT, WITH COMPLETED APPLICATION AND RETURN TO:

**Wheeling-Ohio County Health Department
1500 Chapline Street – Room 106
Wheeling, WV 26003**

For Health Department Use Only

Permit Number _____ Date Issued _____ By _____
Amount Paid _____ Expiration Date _____