

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT**  
**VENDING MACHINE PERMIT APPLICATION FOR 2010 - 2011**

OWNER/AGENT \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE # (    ) \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER/AGENT SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 PHF (POTENTIALLY HAZARDOUS FOOD) 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 \_\_\_\_\_**