



Vanderburgh County Health Department  
Environmental Division  
420 Mulberry Street  
Evansville, Indiana 47713-1231  
Phone: (812) 435-5695 Fax (812) 435-5871



Public Health

# APPLICATION FOR FOOD PERMIT

**Establishment Type: VENDING MACHINES**

**Note: All fields must be completed.**

**Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
**Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Which address should the PERMIT be mailed to:** Facility: \_\_\_\_\_ Owner: \_\_\_\_\_

**Which address should FUTURE APPLICATIONS be mailed to:** Facility: \_\_\_\_\_ Owner: \_\_\_\_\_

**Manager Name:** \_\_\_\_\_ **Business Hours:** \_\_\_\_\_

**Has ownership changed within the last 12 months: (Yes or No)** \_\_\_\_\_

**VENDING OPERATION WAREHOUSE OR COMMISSARY**

**\$100.00 PER FACILITY**

= \$

**VENDING MACHINES - FOOD AND BEVERAGE**

**\$5.00 per vending machine X Number of Machines**

= \$

**Amount of Fee Submitted:** \$ \_\_\_\_\_

**Method of Payment:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card \_\_\_\_\_

Cash or Card payments accepted in person at the Environmental Division, 3<sup>rd</sup> floor, VCHD.  
Credit and debit card payments are assessed a convenience fee, minimum \$3.95 or 2.5% of pmt.  
Picture ID is required and must match the name on the card.

**Note: A late fee of \$100.00 will be charged** for all applications received after the deadline of March 1st for renewal, or 30 days after the final approval for new facilities or change of ownership.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_