

# 2020 Application for a License to Conduct a Vending Machine Location

## Instructions:

1. Complete the applicable section. (Make any corrections, if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **"CCCHD"**
4. Return check and signed application to: **CLARK COUNTY COMBINED HEALTH DISTRICT  
FOOD PROGRAM  
Springfield, OH 45503**

ON RENEWAL APPLICATIONS ONLY—THERE IS A MANDATORY PENALTY FEE OF 25% OF THE RENEWAL FEE FOR OPERATING A VENDING MACHINE LOCATION AFTER THE DEADLINE (CHAPTER 3717 OF THE OHIO REVISED CODE).

Before license application can be processed, the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Vending Company			
Address			
City		State	Zip
Phone # (____) _____	Fax # (____) _____	E-mail Address	

Location Name	Location Address (include City and Zip)	LHD Use Only	
		Audit Number	License Number

*I hereby certify that I am the license holder, or the authorized representative, of the vending machine location(s) indicated above.*

Signature	Date
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### Licensors to complete below

License Fee <b>\$12.43</b>	+ Late Fee (if Applicable)	+ State Amount <b>\$6.00</b>	=Total Amount Due <b>\$18.43 x ____ Machines = \$ _____</b>
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Page ____ of ____
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