



Environmental Public Health

Telephone: (641) 724-3511

VENDING MACHINE LICENSE APPLICATION

Mail completed application to: Iowa Department of Inspection and Appeals Food and Consumer of Safety Bureau P.O. Box Moravia, IA 52571-0083

Date of Renewal: _____

Has ownership changed since last license issued? [] Yes [] No

If yes, give previous owner _____, business name _____, and license number: _____ (if known)

LATE PENALTIES APPLY IF LICENSE HAS EXPIRED

License: _____ Expires: _____

Establishment Information (if any information has changed, update information on renewal application Note: a new application is required for change in the business address or ownership)

Name of Business: _____ Owner's Name: _____ Business Phone Number: () - _____ Alternative or Cell Phone _____ Business E-mail Address : _____ Physical Business Address: _____ Suite# _____ County: _____ City: _____ State: _____ Zip Code: _____ Person-In Charge (onsite) _____ Title of Person-In-Charge _____ Person-In-Charge Phone _____ Person-In-Charge Email _____ Secondary Person in Charge _____ Title of Secondary Person in Charge _____ Name and Title of Certified Food Protection Manager _____ Certificate Attached [] Yes [] No

Mailing address for all correspondence, if different than above:

Attn: _____ Telephone Number: () _____ Street or Route: _____ Suite# _____ City: _____ State: _____ Zipcode: _____

Ownership Information (A Change in Ownership requires a new license) [] Sole Proprietor [] Partnership [] Corporation [] Non-profit [] LLC [] LLP

If not Sole Proprietor, complete the following section for partners or officers:

Table with 4 columns: Name, Title, Address, City, State, Zip, Phone, Cell Phone, Email. Two rows for partners/officers.

Commissary or Warehouse Information (location where food prepared, packaged, or stored)

Establishment Name: _____ License Number: _____ Address: _____ Owner: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Cell phone: () _____ Email: _____

License Fee Table (please complete) License Fee: \$20.00 for the first vending machine and \$5 for each additional machine

Table with 4 columns: # of Machines, License Fee, Total Fee. Row 1: 1 machine, \$20.00, \$20.00. Row 2: x\$5.00 =. Row 3: Total Fee =.

Any Change in Ownership Requires a New License. Licenses are Not Transferable. Make Check or Money Order Payable to:

For Office Use Only Ck# _____ Fee Amount _____ Penalty Amt. _____ Date _____

Signature of Applicant: _____ Title of Applicant: _____



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Vending Machine Operator's License

Iowa law exempts vending machines that dispense only prepackaged non-hazardous foods from obtaining a license. Vending machines that require a license are those dispensing the following items:

- *"Non-prepackaged foods"* which include post and pre-mix machines dispensing such items as coffee, soft drinks, soups, and similar items in cups; and
- *"Potentially hazardous foods"* which are food products that must be stored at 41°F or colder, or 135°F or hotter.

The operator shall maintain within the jurisdiction of the regulatory authority, a list of all vending machines and machine locations operated by the licensee, and shall make the list available to the regulatory authority upon request.

List the Number of Licensed Vending Machines by Location in each city, in the State of Iowa

Name of Location	Address of Location	City	Number of Machines

Signature of Applicant _____