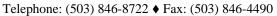


DEPARTMENT OF HEALTH AND HUMAN SERVICES ENVIRONMENTAL HEALTH PROGRAM

155 North First Avenue, MS 5, Suite 170 Hillsboro, OR 97124



www.co.washington.or.us/foodsafety

Name of Vending Machine Company: _____



Date: _____

LOCATION OF VENDING MACHINE UNITS

This information is required for issuance or renewal of a Vending Machine License.

List below all requested information for your vending machine(s) . Machine location information is confidential.		
MACHINE TYPE (hot drinks, sandwiches, etc.)	BUSINESS NAME (where machine is located)	BUSINESS ADDRESS (where machine is located)