Vigo County Health Department
147 Oak Street, Terre Haute, Indiana 47807
812-462-3281 Attn: Brooke
2017 Vendor Application

Application for Operating Permit for Food and Beverage Machines.
We accept cash, check, cashier's check and money orders ONLY.

Vendor:

Name of Vendor: _____

Address: _____

City, State, Zip Code: _____

Phone: ( ) _____

Name and Phone Number of Manager: _____

Owner's Information:

Owner's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: ( ) _____ Cell: ( ) _____

Email Address: _____

Where would you like your application mailed to next year?

Name: _____

Address: _____

City, State, Zip Code: _____

Please continue filling out the other side of this application.

For Health Dept Use Only:

Permit #: 2017- _____ Amount Paid: $ _____

2017 VENDOR TOTALS

Potentially Hazardous . . . . . Total Number of Machines

Milk	_____
Cold Food (sandwiches, etc)	_____
Ice Cream	_____
Hot Food (soups, etc)	_____
Coffee (milk or cream)	_____

*Please attach a current list of Potentially Hazardous machines. Indicate the number of machines, type of food dispensed and where they are located.

**If you package your own sandwiches or potentially hazardous food you must show proof of your Retail Food License. You must also have proof of a Certified Food Handler. A copy of both must be attached.

Potentially hazardous food/beverage vending machine . . . . . $20.00 each ($100.00 maximum fee)

Total amount you are submitting: $ _____

I attest to the accuracy of the information provided in this application. I will comply with this ordinance and allow the Vigo County Health Department access to this establishment and all records or information pertinent to the inspection as specified in 410 IAC 7-15.5 and 410 IAC 7-24.

_____ _____ $_____

Signature of Owner or Manager Date Amount Enclosed