

Food and Consumer Safety Bureau

Telephone: (515) 281-6538

VENDING MACHINE LICENSE APPLICATION

Mail completed application and
submit payment to:

Department of Inspections & Appeals
Food and Consumer Safety Bureau
321 E 12th ST FL 3
Des Moines, IA 50319-0083

Date of Application: _____

Anticipated Opening Date _____

Has ownership changed since
last license was issued? Yes No

If yes:
Give previous owner name _____,
Business name _____, and
license number: _____ (If known)

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: _____ Ownership Type: _____

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 _____

Mailing address for all correspondence, if different than above:

Attn: _____ Telephone Number: () _____

Street or Route: _____ Suite# _____ City: _____ State: _____ Zip code: _____

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:
**\$50.00 for the first vending
machine and \$10 for each
additional machine**

# of Machines			License Fee
1	x\$50.00 =	\$50.00	First machine@ \$50.00
_____	x\$10.00 =	_____	Each additional @\$10.00 each
	Total Fee =		

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Check #	Check Date:	Amount Received
Check Name	Penalty amount	Amount Due

*Complete reverse side of application

