## DEPARTMENT OF HEALTH AND HUMAN SERVICES ENVIRONMENTAL HEALTH PROGRAM

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## LOCATION OF VENDING MACHINE UNITS

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

Name of Vending Machine Company: \_\_\_\_\_

Date: \_\_\_\_\_

**List below all requested information for your vending machine(s)**. Machine location information is confidential.

	BUSINESS NAME	BUSINESS ADDRESS
(hot drinks, sandwiches, etc.)	(where machine is located)	(where machine is located)