



DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM
 155 North First Avenue, MS 5, Suite 170
 Hillsboro, OR 97124
 Telephone: (503) 846-8722 Fax: (503) 846-3705
www.co.washington.or.us/foodsafety

For Office Use Only:

Facility # _____
 Fee Paid _____
 Date Received _____
 Received by _____
 Receipt # _____

Vending Machines - Application for License

Name of Facility: _____ Facility Phone #: _____

Facility Address: _____

Previously licensed? Yes No If yes, under what name? _____

Owner's Name: _____ Operator Name: _____

Mailing Address: _____ E-mail: _____

Date You Started Business: _____ (month / year) Owner Phone #: _____

Name & Location of Other Establishments Owned by You: _____

Note: All licenses expire every year on December 31st. Please call Washington County Environmental Health Office if you have questions about your license, fees, facility inspections or how to obtain a Food Handler's Certificate. Licenses are not transferable.

I agree to comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules of the Oregon Department of Human Services pertaining thereto. I certify, as the legal owner of the business named herein, that the information provided above is true and correct to the best of my knowledge. It is a Class B Misdemeanor to knowingly make any false written statement in connection with an application (ORS 162.085).

All information provided is a matter of public record.

Vending Machine, # of Units: _____ Fee: \$ _____

All vending machine operators are required to submit a "List of Locations" form. License fees are based on the type of business operation. Please see the fee schedule to determine the amount and submit the proper fee with completed application prior to operating or change of ownership.

License Fee Enclosed and Made Payable to Washington County: Check Money Order

Applicant Signature: _____ Date: _____ Phone _____

For Staff Use Only

Date: _____ Approved by: _____ Denied by: _____

Remarks: _____



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Public Health
Prevent. Promote. Protect.

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.

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