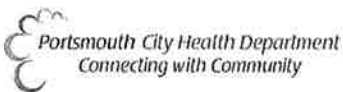




CHRISTOPHER S. SMITH, RS, MA
HEALTH COMMISSIONER

DAVID K. BYERS, MD
MEDICAL DIRECTOR



605 WASHINGTON STREET
PORTSMOUTH, OH 45662

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Application for a License to Conduct a Vending Machine Location

Instructions:

1. Complete the applicable sections. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: PORTSMOUTH CITY HEALTH DEPARTMENT
4. Return check and signed application by*

To: PORTSMOUTH CITY HEALTH DEPARTMENT
605 WASHINGTON STREET
PORTSMOUTH, OH 45662

*There is a mandatory penalty fee of 25% of the renewal fee for operation a vending machine location after the deadline (Chapter 3717 of the Ohio Revised Code)

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Vending company		
Phone #	Fax #	Email
Address		
City	State	Zip

Location Name	Location Address (include City and Zip)	LHD use only	
		Audit number	License number

I hereby certify that I am the license holder, or the authorized representative, of the vending machine location(s) indicated above.	
Signature	Date

Licensors to complete below

License fee	+ Late fee	+ State amount	= Total Amount Due
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Page 1
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As per HEA 5314 08/09 CHC Software, Inc.