

# VENDING MACHINE LICENSE APPLICATION

## Siouxland District Health Department

1014 Nebraska Street  
 Sioux City, IA 51105  
 712-279-6119 • 800-587-3005  
[www.siouxlanddistricthealth.org](http://www.siouxlanddistricthealth.org)

Application Date: \_\_\_\_\_  
 Anticipated Opening Date: \_\_\_\_\_  
 Type of Application:  New  Renewal  
 Has ownership changed since last licensed issued?  Yes  No  
 If yes, previous owner: \_\_\_\_\_  
 Business name: \_\_\_\_\_  
 License number (if known): \_\_\_\_\_

Application for Vending Machines located in Woodbury, Plymouth, Sioux, Lyon, Osceola, O'Brien, Cherokee, Clay, Dickinson, Palo Alto, and Emmet counties in Iowa. **Note:** A new application is required for a change in the business address or ownership.

### ESTABLISHMENT INFORMATION

<b>Name of Business:</b>	<b>Water Source:</b> <input type="checkbox"/> Public water supply <input type="checkbox"/> Private well		
<b>Owner Name:</b>	<b>Business Phone Number:</b>		
<b>Cell or Emergency Contact Number:</b>	<b>Business Email Address:</b>		
<b>Business Physical Address:</b>	<b>Suite:</b>	<b>County:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Person-in-Charge (onsite):</b>	<b>Title of Person-in-Charge:</b>		
<b>Person-in-Charge Phone:</b>	<b>Person-in-Charge Email:</b>		

Mailing address for all correspondence if different than above.

<b>Attention:</b>			<b>Telephone Number:</b>	
<b>Street or Route:</b>	<b>Suite:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

### Ownership Information: A change in ownership requires a new license

Sole Proprietor/Individual  Partnership  Corporation  Non-Profit Organization  LLC  LLP

If not Sole Proprietor/Individual, complete the following section for partners or officers:

<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Address:</b>	<b>Address:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Email:</b>

**License Fee: Complete back side of application.**  
**\$20.00 for the first vending machine.**  
**\$5.00 for each additional machine.**  
**Late penalties apply if existing license is expired.**

# of Machines			License Fee
1	x\$50.00 =	\$50.00	First machine @ \$50.00
	x\$10.00 =		Each additional @ \$10.00 each
	<b>Total Fee =</b>		

Any changes in ownership or location require a new license. Licenses are NOT transferrable. Make sure back side of application is complete.

Submit payment and completed application to:

**Siouxland District Health Department**  
**1014 Nebraska Street**  
**Sioux City, IA 51105**

**Applicant Name (Print):** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

Check #	Amount Due	Amount Received
Date Received	Penalty Amount	License #

## Vending Machine Operator's License

A vending machine is a food establishment which is a self-service device that, upon insertion of a coin, paper currency, token, card, or key, dispenses unit servings of food in bulk or in packages without the necessity of replenishing the device between each vending operation. Iowa law exempts vending machines that dispense only prepackaged non-hazardous foods, panned candies, gumballs, or nuts from obtaining a license. Vending machines that require a license are those dispensing the following items:

- *“Non-prepackaged foods”* which include post and pre-mix machines dispensing such items as coffee, soft drinks, soups, and similar items in cups; and
- *“Potentially hazardous foods”* which are food products that must be stored at 41°F or colder, or 135°F or hotter.

The operator shall maintain within the jurisdiction of the regulatory authority, a list of all vending machines and machine locations operated by the licensee, and shall make the list available to the regulatory authority upon request.

### List the number of licensed vending machines by location in each city, in the state of Iowa

Name of Location	Address of Location	City	Number of Machines

### **Commissary or Warehouse Information: Location where food/beverages are prepared, packaged, or stored**

<b>Establishment Name:</b>		<b>License Number:</b>		
<b>Owner:</b>	<b>Phone:</b>		<b>Email:</b>	
<b>Street or Route:</b>	<b>Suite:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>