



CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

P. O. BOX 672
PASADENA, TEXAS 77501 (713) 475-5529

OFFICE USE ONLY	
BUSINESS #	_____
LICENSE #	_____
RECEIPT #	_____

PERMITTED YEAR - _____

VENDING MACHINE PERMIT APPLICATION
 PERMIT FEE \$50.00
PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE

APPLICANT'S NAME: _____
ADDRESS: _____ CITY, STATE: _____ ZIP: _____
PHONE #: _____
SERVICE ADDRESS: _____

OWNER: CORPORATION _____ INDEPENDENT _____ PARTNERSHIP _____ INCORPORATION _____
NAME: _____
ADDRESS: _____ CITY, STATE: _____ ZIP: _____
PHONE #: _____ EMERGENCY PHONE #: _____

MACHINE	LOCATION	TYPE	SERIAL NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW IS FOOD TRANSPORTED? _____
SOURCE OF POTENTIALLY HAZARDOUS PRODUCTS: _____

I certify that all information in this application is true. I understand that the permit issued is non-transferable, and that the permit remains the property of the City of Pasadena Health Department, and is subject revocation if the establishment fails to comply with applicable city ordinances or state laws.

DATE: _____ SIGNED: _____

Date received: _____	Approved: _____
Amount received: _____	Disapproved: _____
Permit number: _____	Date issued: _____

The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services.

*****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED*****