



MCHENRY COUNTY DEPARTMENT OF HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 OFFICE: 667 Ware Road, Suite 110
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OFFICE USE ONLY	STAFF INITIALS:
DATE RECEIVED:	
CHECK # / CASH / CREDIT CARD:	
AMOUNT RECEIVED:	
RECEIPT NUMBER:	
PERMIT NUMBER:	

FOOD VENDING MACHINES AND COMMISSARIES HEALTH PERMIT APPLICATION

PERMIT YEAR: MAY 1 TO APRIL 30

VENDING MACHINE AND COMMISSARY COMPANY INFORMATION	
Name of Company:	
Address (street, city, state, zip):	
Phone Number:	Fax Number:
Contact Name:	
Contact Phone Number for Inspection:	
Email Address:	
Commissary Address (street, city, state, zip):	

INSTRUCTIONS: Complete this application in its entirety. Category A vending machines that are located in McHenry County must be listed on the attached form. Include the location(s) and number of machines at each location. If the applicant is a partnership or joint tenancy, both parties must sign the application. Return the completed form to the Department at the above address.

Please make checks payable to the McHenry County Department of Health.

ANNUAL PERMIT FEE BASED ON RISK CLASSIFICATION			
Type	Risk Category A		Risk Category B
Vending Machines (each)	\$31		NA
Commissary	Category I	Category II	Category III
	\$300	\$240	\$175
<p>Category A: machines that vend, in part or in total, time / temperature for control foods and/or beverages (i.e. water, coffee, soda) into an open container.</p> <p>Category B: machines that vend gum or loose candy. **</p> <p><i>**These machines are exempt from permits and fees, but are required to adhere to the regulations of Article III of the McHenry County Public Health Ordinance. Cigarette machines are not licensed by the McHenry County Department of Health</i></p>			

It is unlawful to operate a food vending machine or commissary in McHenry County without a valid permit from this Department. Applicant hereby state(s) they are familiar with the provisions of the Health Ordinance of McHenry County, Illinois and that they will operate like machine(s) in compliance with said provisions at all times.

Applicant Signature and Print: _____ **Date:** _____

Environmental Health Practitioner Signature: _____



Vending Machine Application Supplemental Form

Vendor Name: _____

Vending Machine Information			
Name of Vending Location			
Address of Vending Location			
Type of Category A Machine	Number of Each	Type of Category A Machine	Number of Each

Vending Machine Information			
Name of Vending Location			
Address of Vending Location			
Type of Category A Machine	Number of Each	Type of Category A Machine	Number of Each

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