



APPLICATION FOR FOOD & BEVERAGE VENDING PERMIT WILL COUNTY HEALTH DEPARTMENT

WCHD— Main office
501 Ella Avenue
Joliet, IL 60433
815-727-8490
Fax 815-740-8147

WCHD— North Branch
323 Quadrangle Drive
Bolingbrook, IL 60440
630-679-7030
Fax 630-679-7031

WCHD—East Branch
5601 Monee-Manhattan Road
Suite 109
Monee, IL 60449
708-534-5721
Fax 708-534-3455

OWNER(S) INFORMATION:

Owner's Name / Corporation Name: _____

Corporate Officer's Name & Title: _____

Address: _____ Suite # _____ Alt. Address: _____

City, State Zip: _____

Phone #: _____ Alt. Phone #: _____

Fax #: _____ Email _____

Type of ownership (check one) : Sole _____ Partnership _____ Corporation _____ Owner in WCHD system already? Yes or No

Name(s) of commissary(ies)/suppliers from which you obtain food products:

1. _____ location: _____
2. _____ location: _____
3. _____ location: _____
4. _____ location: _____

Indicate the method & equipment used to deliver, hot & cold, from commissary to vending location:

Contact for inspection: _____

Phone # _____ email _____

****Please use attached form to list locations of vending sites and number of machines****

FEE SCHEDULE:

1-3 vending machines with time/temperature control for safety:	\$50
4-6 vending machines with time/temperature control for safety:	\$100
7-10 vending machines with time/temperature control for safety:	\$150
11-14 vending machines with time/temperature control for safety:	\$200
15-20 vending machines with time/temperature control for safety:	\$250
21+ vending machines with time/temperature control for safety:	\$300

All fees are non refundable. Make checks payable to Will County Health Department.

Credit Card Payments can be made at www.govpaynow.com and use PLC7078 or call 888-604-7888 option #1

Send bill for permit fee to whom? Owner: _____ **Facility:** _____ **Mailing Address:** _____

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Total number of machines _____ Total permit fee due _____

Permit Fee Pd _____ Date _____ Check # _____ RP# _____ CC Trans # _____

OW# _____ FA# _____ PR# _____ PE# _____

