



**City of Beaumont Public Health Department
 Environmental Health Division
 950 Washington Boulevard, Beaumont, Texas 77705
 phone: (409) 832-7463, fax: (409) 212-9589**

VENDING MACHINE PERMIT APPLICATION

Name of Establishment: _____

Address of Establishment: _____

City / State / Zip Code

Owner's Name : _____

Owner's Address: _____

City / State / Zip Code

Business Phone: _____ Owner's Home Phone Number: _____

Mailing Address: _____

City / State / Zip Code

VENDING MACHINE FEE PER LOCATION: \$55.00

Name of Location	Address	Permit Number

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:	
DATE ISSUED: ____/____/____	PERMIT NUMBER: _____
EXPIRATION DATE: ____/____/____	CHECK NUMBER: _____
ISSUED BY: _____	