



**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: _____	