



BETHEL HEALTH DEPARTMENT
Clifford J. Hurgin Municipal Center, 1 School Street
Bethel, CT 06801 –
(203) 794-8539

Vending Machine Application

Please fill out the following information and provide a sketch of the area of operation drawn to scale 1/4" = 1 foot

Name of Your Business _____

Business Phone _____ 24 Hr. Emergency Phone &/or Beeper _____

Address where machines will be in use _____

Is equipment self owned leased

If leased –Company leased from: _____ Phone No.: _____

Is Vending Company licensed? Yes _____ No _____ **Supply Copy of License**

Dates of Operation: _____

Address where machines will be in use: _____

Owner/Operator: _____

24 Hr. Emergency Phone &/or Beeper _____

1. List all items to be sold plus condiments: _____

2. a. Where will food be stored and/or prepared prior to selling?
 Name of establishment: _____
 Address: _____
 When will it be delivered? _____
 How will it be delivered? _____

b. What preparation/cooking is required to serve food during operation hours? _____

3. How will cold food be kept cold? (below 45°F) – (ie: meats, poultry, seafood & dairy products)

4. How will hot food be kept hot? (above 140°F) (ie: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc.) _____

5. Which single service items will be available? (paper napkins, forks, knives, spoons, paper plates, etc.)

6. How and when will the vending equipment be cleaned and sanitized?

7. Location of toilet facility: _____

8. Describe arrangements in the event of a power failure: _____

9. General Comments: _____

Application reviewed by: _____

Comments: _____

Approved By: _____ Date _____

License Fee: _____ Fee Paid: _____

License Number: _____ License year: _____