



# City of Chesterfield

690 Chesterfield Parkway West  
Chesterfield, MO 63017

Phone: (636) 537-4714 Fax: (636) 537-4798

## REGISTRATION OF VENDING MACHINES

No person shall exhibit or make available for use any automatic vending machine, defined by ordinance as an amusement, beverage, cigarette, food or any similar machine, in any location within the city limits of Chesterfield that does not possess and prominently display a permit specifically issued to that location and vending machine. All permits expire June 30<sup>th</sup> of each year. Renewals are due by July 1<sup>st</sup> and delinquent as of August 1<sup>st</sup> of each year; penalties apply thereafter. Please complete the application in full and submit with the \$25.00 license fee per machine (or \$12.50 if initially licensed after December 31st).

PLEASE PRINT

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business:

- Individual Ownership (Give Name & Address Below)
- Partnership (Give Name & Address of All Partners Below)
- Corporation (Give Name & Address & Title of All Local Officers or Managers Below)

Names, Addresses & Titles as Applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, Address & Telephone Number of Manager, if different from above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Coin Operated Or Other Vending Machine definitions are as follows:** Beverage Machines, Cigarette Machines, Food Machines, Amusement Machines, Bulk Vending Machine, or any other type of Machine which dispenses a Service, or any Food, Candy, or Novelty Goods. Please complete this form in full with the appropriate information on each vending machine, or attach a business-generated list with like information.

**LIST EACH VENDING MACHINE INDIVIDUALLY**

**Type of Machine:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_  
(Beverage, Cigarette, Food, Amusement, Bulk, etc.)

**Name of business and address where machine is located:** \_\_\_\_\_  
\_\_\_\_\_

<i>OFFICE USE ONLY — Sticker #:</i>	<i>Date Issued:</i>	<i>Amount Paid:</i>
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**Type of Machine:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_  
(Beverage, Cigarette, Food, Amusement, Bulk, etc.)

**Name of business and address where machine is located:** \_\_\_\_\_  
\_\_\_\_\_

<i>OFFICE USE ONLY — Sticker #:</i>	<i>Date Issued:</i>	<i>Amount Paid:</i>
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**Type of Machine:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_  
(Beverage, Cigarette, Food, Amusement, Bulk, etc.)

**Name of business and address where machine is located:** \_\_\_\_\_  
\_\_\_\_\_

<i>OFFICE USE ONLY — Sticker #:</i>	<i>Date Issued:</i>	<i>Amount Paid:</i>
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**Type of Machine:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_  
(Beverage, Cigarette, Food, Amusement, Bulk, etc.)

**Name of business and address where machine is located:** \_\_\_\_\_  
\_\_\_\_\_

<i>OFFICE USE ONLY — Sticker #:</i>	<i>Date Issued:</i>	<i>Amount Paid:</i>
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**The information given above is true, correct and complete to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Signature of Principal Officer

\_\_\_\_\_  
Print Name and Title

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ **Use additional pages if necessary.**