



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 30th of each year. Renewals are due by July 1st and delinquent as of August 1st 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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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.**