



VILLAGE OF ARLINGTON HEIGHTS
 Department of Building & Life Safety
 33 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
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20 __ VENDING MACHINE LICENSE APPLICATION

SECTION #14-1601 AND SECTION #11-501

SOLE OWNER PARTNERSHIP CORPORATION LLC LLP

NAME OF COMPANY: _____ PHONE #: _____
 COMPANY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

422.51 Cord-and-Plug-Connected Vending Machines. Cord-and-plug-connected vending machines manufactured or re-manufactured on or after January 1, 2005, shall include a ground-fault circuit-interrupter as an integral part of the attachment plug or located in the power supply cord within 300 mm (12 in.) of the attachment plug. Cord-and-plug-connected vending machines not incorporating integral GFCI protection shall be connected to a GFCI protected outlet.

NOTE: PLEASE SUPPLY A LISTING OF MACHINE(S) LOCATION(S) WITH YOUR RENEWAL NOTICE.

TYPE OF MACHINE TO BE INSTALLED:

ADDRESS/LOCATION OF EACH MACHINE:

_____	_____
_____	_____
_____	_____
_____	_____

PROPOSED INSTALLATION DATE : _____
 (MACHINE CANNOT BE USED PRIOR TO APPROVAL).

PAYMENT DUE AT TIME OF APPLICATION. \$10.00 APPLICATION FEE REQUIRED FOR NEW APPLICANTS.			
CIGARETTE MACHINE	\$105.00	FOOD, SODA, CANDY, MILK, ICE	\$50.00
VIDEO GAMES (1 -10)	\$170.00	COIN OPERATED AMUSEMENT	\$55.00
VIDEO GAMES (OVER 10)	\$230.00	POOL TABLE, BILLARDS, PIGEON, HAGATILLE	\$115.00 per table

PLEASE PROVIDE THE NAME OF THE INDIVIDUAL OR INDIVIDUALS WHO SHALL BE THE RESPONSIBLE PARTIES FOR THE ACTIVITIES UNDERTAKEN WITHIN THE VILLAGE OF ARLINGTON HEIGHTS.

NAME: _____	TITLE: _____	HOME PHONE: _____
HOME ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
DATE OF BIRTH: _____	DRIVERS LICENSE #: _____	STATE WHERE ISSUED: _____
NAME: _____	TITLE: _____	HOME PHONE: _____
HOME ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
DATE OF BIRTH: _____	DRIVERS LICENSE #: _____	STATE WHERE ISSUED: _____

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES. FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS? YES NO IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE. _____

SIGNATURE OF APPLICANT: _____ TITLE: _____ DATE: _____

FOR OFFICE USE ONLY

CONTROL #: _____ LICENSING DEPARTMENT: APPROVED DENIED

COPY SENT TO: FIRE SAFETY FIRE DEPARTMENT POLICE