



CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION
HEALTH OFFICE
815 WASHINGTON STREET
ROOM 1-30
READING, PA 19601-3690
OFFICE: (877) 727-3234
FAX: (610) 655-6525

VENDING MACHINE HEALTH PERMIT APPLICATION \$12 – enclosed \$20 outside (Per machine)

HEALTH PERMIT #: _____	Date of Issuance: _____
(Official Use Only)	

NAME OF BUSINESS:

BUSINESS OWNER(S) INFORMATION

First and Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

REQUIRED DOCUMENTATION

- List of all vending machines operated by operator/business owner within the jurisdiction and the complete address of each machine location or other establishments from which his/her machines are serviced.
- Copy of State Issued ID (e.g., driver's license)
- Confirmation (or attach copy) of a valid City of Reading Business Privilege License:

"I confirm that I have a current City of Reading Business Privilege License" _____ (owner initials)

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Owner

Date Submitted

