LICKING COUNTY
HEALTH DEPARTMENT

Food Safety Program
Vending Plan Review Application

VENDING LOCATION LICENSING INFORMATION

Vending Location Name: _____

Vending Location Street Address: _____

Vending Location City: _____ State: _____ ZIP: _____

Legal Business Name (License Holder): _____

License Holder Street Address: _____

License Holder City: _____ State: _____ ZIP: _____

License Holder Email: _____

Contact Person: _____ Contact Phone: _____

Contact Person Email: _____

VENDING LOCATION PLAN REVIEW INFORMATION

Vending Location Menu/Food Items Sold: _____

LICKING COUNTY
HEALTH DEPARTMENT

Equipment List

Type of Equipment	Manufacturer Name	Model Number
Example: Cooler	*True Refrigeration*	*T-49-HC*