



# APPLICATION

for Health Permit  
Year

## VENDING MACHINES

NUMBER AND LOCATION OF VENDING UNITS LOCATED WITHIN THE MUNICIPALITY OF READING PA

Name of Business  
Address  
City/State/Zip

ACCT#

Telephone

Please update location of vending machines and number of units at that location  
(another format other than the one given here is acceptable)

Location and Number of Units at Location

Location

Units

***Please return this form along with any additions and corrections to:***  
Health Office, Rm - 1-30, 815 Washington St, Reading, PA 19601