

**CITY OF FORISTELL
121 Mulberry Street
Foristell, Missouri 63348
636-463-2123**

APPLICATION FOR VENDING PERMIT

NAME: _____

D/B/A: _____

ADDRESS: _____

MO STATE TAX I.D. # _____ FED TAX I.D. # _____

1. Name of Machine: _____

2. Type of Machine: _____

3. Location of machine:

Business Name _____

Street address _____

4. Full name of Owner: _____

Home Phone # _____ Business Phone # _____

Residence: _____

5. If a permit is granted, does the applicant agree to obey the laws of the City of Foristell; St. Charles County and the State of Missouri, where applicable? _____

The facts set forth in this application for permit are true and complete. I understand that false statements shall be sufficient cause for refusal. You are hereby authorizing any investigation of personal history through any investigative agencies or bureaus of your choice. This permission to include all individuals listed on the permit application. I further understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

Date

Signature of applicant/representative

\$15.00 per year fee. A license is required for each vending machine on the premises.