



VILLAGE OF ALGONQUIN

VENDING MACHINE LICENSE APPLICATION

APPLICANT'S INFORMATION

Date: _____

Owner Name: _____ Business Name: _____

Address: _____
City State Zip

Phone Number: _____

TYPE OF VENDING MACHINE	# OF MACHINES	LOCATION NAME	LOCATION ADDRESS

For Office Use Only:

Type of License	Number	Fee	Total
Check Number :	Amount:	Date:	Approved by:

Submit Application and Payment to:

Village of Algonquin
 Vending Receipts
 2200 Harnish Drive
 Algonquin, IL 60102