

**CITY OF PALOS HILLS
VENDING APPLICATION FORM 20011/2012
10335 S ROBERTS ROAD
PALOS HILLS, IL 60465
(708) 598-3400**

TO: City of Palos Hills

I, _____ of _____
PETITIONER NAME (OWNER) HOME ADDRESS

CITY, STATE & ZIP HOME PHONE NUMBER

Company Name Company Address, City, State & Zip

Phone #

Respectfully petition you to grant permission to maintain Vending Machine(s) in the operation of said business in the City of Palos Hills, County of Cook, State of Illinois, **from May 1, 2011 to April 30, 2012**. Your Petitioner is ready and willing and does hereby agree to maintain the Vending Machine (s) in the aforesaid place of business in accordance with the Police regulations and Ordinances of the City of Palos Hills, now in full force, and any others that may be enacted during the duration of this license.

SIGNATURE OF APPLICANT DATE

List name of business & address where machines are located within the city. If more then one location a separate vending application is required or list on additional sheet of paper.

Business name Business address

Business phone #

PLEASE LIST EACH TYPE OF VENDING MACHINE (S) BELOW:

	<u>HOW MANY</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Application will not be processed unless completed! Inspections will be made of the premises to verify that all vending machines are licensed and display a current 2011-2012 vending tag.