



2019 Vending License Registration

BUSINESS NAME: _____

ADDRESS: _____

_____ OWNER

_____ VENDOR

BUSINESS PHONE: _____

PERSON COMPLETING THIS FORM: _____

PLEASE INDICATE THE NUMBER OF EACH TYPE OF MACHINE AT EACH LOCATION.

ADDRESS WHERE MACHINES ARE LOCATED	CIGARETTE \$25 EACH	MECHANICAL MUSICAL \$50 EACH	MECHANICAL AMUSEMENT \$50 EACH

PLEASE RETURN THIS FORM TO:

CITY OF COLLINSVILLE
ATTN: CARRIE CARLISLE
125 SOUTH CENTER STREET
COLLINSVILLE, IL 62234

City of Collinsville, Illinois