Annual Vending License Registration

City of Collinsville, Illinois

BUSINESS NAME: _____ _____ YEAR

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: Kim Wasser
125 SOUTH CENTER STREET
COLLINSVILLE, IL 62234