

**FOR OFFICE USE**

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**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

P.O. BOX 142529 Austin, TX 78714

Phone: (512) 978-0300 Email: [ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)Web Address: <http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

**Vending Machine Permit Application****Business Information***Note: Incomplete applications **will not** be processed and will be returned*

Business Name: \_\_\_\_\_ Type: ( ) Sole Proprietor ( ) Partnership ( ) Corporation

Physical Address: \_\_\_\_\_  
Street City State Zip CodeCommissary: \_\_\_\_\_ Machines: \_\_\_\_\_  
Name of commissary or commissaries Number of Vending MachinesRepairs: \_\_\_\_\_  
Name of establishment where the vending machines are repaired or renovated

All Products Sold: \_\_\_\_\_

**Owner Information***Print full legal names as they would appear on a Government Issued Photo ID(s)*Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name/First Name or Company Name (###) ### - ####Driver's License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DL # #State MM/DD/YYYYMail Address: \_\_\_\_\_  
Street City State Zip CodeEmail Address: \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)***Contact Information***Contact Responsible for Scheduling the Inspection (Complete section if contact differs from above)*Name: \_\_\_\_\_  
Last Name First Name Middle NameAddress: \_\_\_\_\_  
Street City State Zip CodeEmail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)* (###) ### - ####**Fee Information:***Note: Refund requests **will not** be honored after 180 days from date of payment*

Fee Type	City of Austin (Contracted Municipalities*)	Travis County
Permit Fee	No Fee Required	No Fee Required

\* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

**DO NOT MAIL CASH PAYMENTS****Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX**

Make checks and money orders payable to: ATCHD or Austin/Travis County Health &amp; Human Services

Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email ([ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature

Print Name

Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin &amp; Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Revised 7/22/15

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[www.SurveyMonkey.com/s/EHSDSurvey](http://www.SurveyMonkey.com/s/EHSDSurvey)

# Food and Beverage Vending Machine Operator Application Notes

## Applying for a Permit

**Application(s) must be completed in full before permit(s) will be issued. For assistance in completing this form call (512) 978-0300.** Application for a permit to operate does not guarantee a permit will be granted. Permit approval is based upon compliance with State & local health ordinances. The application fee may be refunded, upon request, within 180 days of payment; if the permit was not issued.

To obtain an operator's permit, the operator shall:

- 1) A completed "Vending Machine Permit Application" form
- 2) Provide the required Ownership Documentation
- 3) Comply with the requirements of the Austin City Code and the Texas Food Establishment Rules (TFER)
- 4) Provide a mechanical diagram of the vending machine that demonstrates compliance with TFER sections: 229.165(f)(4),(11),(21),and (23); 229.166(l)(5)
- 5) Maintain within the jurisdiction of the Health Authority, a list of all vending machines operated within such jurisdiction and their location and of all commissaries or other establishment from which the machines are served. This information shall be available to the Health Authority upon request, and shall be kept current.

## Required Ownership Documentation

**Proprietorship:** Provide a date-stamped copy of the Certificate of Assumed Name.

**General Partnership:** On a separate page please provide the name, mailing address, residential street address, and business street address for each member of the partnership. Also provide a copy of the fully executed Partnership Agreement.

**Limited Partnership:** On a separate page please provide the name, mailing address, residential street address, and business address for each member of the partnership. Also provide a date-stamped copy of the Certificate of Limited Partnership.

**Limited Liability Corporation (LLC):** On a separate page please provide: 1) the name, mailing address, residential address, and percentage ownership for each member and 2) the name, mailing address, residential address for the registered agent. Provide a date stamped copy of the Certificate of Filing or Formation filed with the Secretary of State. Also include the Articles of Organization filed with the Secretary of State.

**Corporation:** On a separate page please provide: 1) the name, mailing address, residential street address, and business street address of each officer and 2) the name, mailing address, residential street address, business street address, service of process address, date of birth, and government ID (driver's license) for the director and the registered agent of the corporation or named person of responsibility. Also provide a date-stamped copy of the Articles of Incorporation filed with the Secretary of State and a certified copy of the corporate resolution authorizing the corporation to file an application pursuant to these rules and designating the officer authorized to execute the application.

## Definitions

**Food Vending Machine Operator** is defined as any person, who by contract, agreement, or ownership, takes responsibility for furnishing, installing, servicing, operating, or maintaining one or more food vending machines

**Vending Machine** is defined as any self-service device which, upon insertion of a coin, paper currency, token, card or key, dispenses unit servings of food, either in bulk or in packages, without the necessity of replenishing the device between each vending operation.

## Permit Completion and Pickup

The applicant will be notified by the department once the application is processed and the permit sticker is available for pick-up at the walk-in location. Note: an application cannot be processed until all paperwork is completed and submitted along with payment.

- Walk-in Location: 1520 Rutherford Lane, southeast entrance of Building 1.  
Monday – Friday 7:45 AM – 3:30 PM (as of 2/1/15)
- Permits **must** be retrieved from the walk-in location.