

**CITY OF PLANO**

**17 E. MAIN STREET**

**PLANO, IL 60545**

**TELEPHONE: 630-552-8275**

**FAX: 630-552-8292**

**APPLICATION FOR VENDING DEVICES**

*License Fee: \$20.00 per device*

**Please print**

**Applicant Corporation Name:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_

**Business Street Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**General Manager Name:** \_\_\_\_\_

**General Manager Contact Number;** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Number of Devices** \_\_\_\_\_

**Location of Devices** \_\_\_\_\_

**Serial Number of Devices** \_\_\_\_\_

I, \_\_\_\_\_ (Name of Applicant), respectfully request a License for vending device(s) within the City of Plano, Kendall County, in the State of Illinois at the business listed above.

Applicant understands this license must be renewed annually, expiring on April 30th each year. Applicant agrees to operate aforesaid place of business in accordance with all ordinances and police regulations of the CITY OF PLANO, as well as any Federal regulations, any regulations contained in the Illinois Compiled State Statutes, and any others that may be enacted during the duration of this license.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date