



Application for Ice Vending Machine Registration
Bureau of Environmental Health Services

Date: \_\_\_\_\_ 20\_\_

Ice Vending Machine Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_ SC
Street City State Zip

Owner's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Street City State Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Manager or Other Point of Contact Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Preferred Methods of Communication: \_\_\_\_\_

WATER SOURCE: Municipal Water Approved Public Well Other/NA
(Please enclose copy of operating permit for well)

SEWAGE DISPOSAL: Septic Tank Public Sewer Other/NA

If you chose "Other/NA" for either of the above, please explain:

Additional ice vending machine(s) (same name, different location(s)):

If this application is for change of ownership, modifications, etc., please describe fully.

"PERMISSION IS HEREBY GRANTED FOR HEALTH DEPARTMENT REPRESENTATIVES TO ENTER THE ABOVE DESCRIBED PROPERTY, AT REASONABLE HOURS, FOR THE PURPOSE OF INSPECTION AND/OR EVALUATION."

Signature of Applicant or Authorized Agent

To submit the completed & signed application, mail it to the DHEC Central Office (Attn: Division of Food and Lead Risk Assessments), fax it to the Division's Main Office or email it to the Program Coordinator.

2600 Bull Street, Columbia, SC 29201

(803) 896-0644 (Phone)

(803) 896-0645 (Fax)

ManufacturedFood@dhec.sc.gov (Email)

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