



Application for Ice Vending Machine Registration
Bureau of Environmental Health Services

Date: January 1 20 16

Ice Vending Machine Name: Frosty Ice

Location/Address: 332 Iceland Parkway Carolinaville SC 29222
Street City State Zip

Owner's Name(s): Frosty Williams

Mailing Address: 2 Ice Lane (Apt H) Carolinaville SC 29222
Street City State Zip

Primary Phone: (555) 555-5555 Secondary Phone: (555) 777-7777 Fax Number: (555) 777-7778

Email Address(es): frosty.williams@frostyice.net

Manager or Other Point of Contact Name: Iceman Machine

Primary Phone: (333) 333-3333 Secondary Phone: (555) 444-4444 Fax Number: (555) 444-4445

Email Address(es): iceman@gmail.com

Preferred Methods of Communication: Email

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

SEWAGE DISPOSAL: Septic Tank [ ] Public Sewer [ ] Other/NA [checked]

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

No sewage produced by ice vending machine.

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

454 Iceland Parkway, Carolinaville, SC 29222
626 Iceridge Way, Carolinaville, SC 29222

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."

Frosty Williams
Signature of Applicant or Authorized Agent

Digitally signed by Frosty Williams
DN: cn=Frosty Williams, o=Frosty Ice, ou, email=iceman@gmail.com, c=US
Location: Carolinaville
Date: 2017.11.13 15:32:49 -05'00'

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

2600 Bull Street, Columbia, SC 29201
(803) 896-0640 (Phone)
(803) 896-0645 (Fax)
ManufacturedFood@dhec.sc.gov (Email)