APPLICATION
FOR WATER VENDING
MACHINE PERMIT
FD-26
Rev. (9/2006)

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
FOOD AND DRUG UNIT
628 N. 4th ST./P.O. BOX 4489
BATON ROUGE, LA 70821-4489
PHONE: (225) 342-7517 * FAX: (225) 342-7672

Permit No._____ ☐ New Machine ☐ New Firm ☐ Renewal ☐ Update Information

FIRM'S NAME AND ADDRESS

Name _____

Mailing Address _____

City _____ State _____

Zip_____

Phone _____

Fax _____

Email _____

WATER SOURCE_____

Manufacturer's Name _____

Model # _____ Serial No. _____

Physical Location of Machine

Physical Address _____

City_____ State_____

Zip _____

TYPE OF MACHINE: ☐ Self-contained ☐ Remote

Application is hereby made for a permit to operate the above-listed water vending machine. The applicant agrees to operate the machine in compliance with the provisions of the Louisiana State Food, Drug, and Cosmetic Law, Chapter 4, Subpart III, Water Vending Machines (R.S. 40:701 *et seq.*). Each machine must be available for inspection by personnel of the Deparment of Health and Hospitals. A permit fee of $100 must accompany each application.

OWNER/PRESIDENT/AGENT FOR SERVICE OF PROCESS ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

Name_____

Title_____

Signature_____

Date 10/24/2008

Sanitarian Signature _____

Owner's Mailing Address_____

City_____

State _____

Zip _____

Reset Form

Permit Date	Sheet Number	Sheet Date	Check Number	Check Date	Tag Number	Clerk's Initials