# VENDING DEVICE REGISTRATION FORM

Revised: 2026-2027

*Please complete this form for vending devices to be located in the Village of Wheeling.*

## 1. BUSINESS INFORMATION

Business Name (DBA): _____ Business Address: _____

Contact Name: _____ Phone #: _____ Email: _____

## 2. VENDING DEVICES

| Location Name | Location Address | General Vending<br>Non-Perishable Food, Amusement, Juke/Music, Carwash, Laundry, etc. | Food Vending<br>Perishable Food Items, etc. |
|---|---|---|---|
| *Example: Walgreens* | *123 Main St* | *2* | *1* |
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