



South Carolina
DEPARTMENT OF AGRICULTURE
CONSUMER SERVICES DEPARTMENT
123 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

APPLICATION FOR ICE VENDING MACHINE REGISTRATION

Ice Vending Machine Name _____

Location/Address _____ City _____ State SC Zip _____

County _____

Owner's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Fax _____

Email Address(es) _____

Manager or Other Point of Contact Name _____

Primary Phone _____ Secondary Phone _____ Fax _____

Email Address(es) _____

Preferred Methods of Communication _____

Water Source: Municipal Water *Please enclose most recent copy of water bill*
Supplier Name _____

Approved Public Well *Please enclose copy of operating permit for well*
DES Water Permit Number _____

Other *Additional documentation is needed*
Please Explain _____

Sewage Disposal: Septic Tank

Public Sewer

Other *Additional documentation is needed*
Please Explain _____

State Sales Tax Number _____

Local Business License Number _____

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 SCDA representatives to enter the above described property, at reasonable hours, for the purpose of inspection and/or evaluation.

Owner/Person in Charge Signature

Name (print)

Submittal Date

RETURN BY EMAIL OR MAIL TO

SCDA Consumer Services
conser@scda.sc.gov

123 Ballard Court
West Columbia, SC 29172

Personal information provided on this document is subject to public scrutiny or release.