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| <b>FOR OFFICE USE ONLY</b><br>SERIAL # _____<br>KEY # _____                                                                                                                                                      | <h2 style="margin: 0;">PERMIT TO INSTALL VENDING MACHINE</h2> <p style="margin: 0;">NOT A SALE OF EQUIPMENT</p> | Date _____ 20____ |
| OPERATOR'S NAME _____ ADDRESS _____ TELEPHONE No: _____<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                 |                                                                                                                 |                   |
| NAME OF LOCATION _____ ADDRESS _____ TELEPHONE No: _____<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                |                                                                                                                 |                   |
| Location agrees to furnish space for the operation of _____ Vending Machines(s).<br>The Operator agrees to install _____ Vending Machines(s) in Location's place of business, keep it supplied with merchandise. |                                                                                                                 |                   |
| It is understood by both the Operator and the location that the Operator is the sole owner of the machine(s), and this arrangement may be terminated by the Operator or Location owner at any time.              |                                                                                                                 |                   |
| Signed _____ For: Operator                                                                                                                                                                                       | Signed _____ For: Location                                                                                      | FORM 1095         |

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| <b>FOR OFFICE USE ONLY</b><br>SERIAL # _____<br>KEY # _____                                                                                                                                                      | <h2 style="margin: 0;">PERMIT TO INSTALL VENDING MACHINE</h2> <p style="margin: 0;">NOT A SALE OF EQUIPMENT</p> | Date _____ 20____ |
| OPERATOR'S NAME _____ ADDRESS _____ TELEPHONE No: _____<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                 |                                                                                                                 |                   |
| NAME OF LOCATION _____ ADDRESS _____ TELEPHONE No: _____<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                |                                                                                                                 |                   |
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| Signed _____ For: Operator                                                                                                                                                                                       | Signed _____ For: Location                                                                                      | FORM 1095         |

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| <b>FOR OFFICE USE ONLY</b><br>SERIAL # _____<br>KEY # _____                                                                                                                                                      | <h2 style="margin: 0;">PERMIT TO INSTALL VENDING MACHINE</h2> <p style="margin: 0;">NOT A SALE OF EQUIPMENT</p> | Date _____ 20____ |
| OPERATOR'S NAME _____ ADDRESS _____ TELEPHONE No: _____<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                 |                                                                                                                 |                   |
| NAME OF LOCATION _____ ADDRESS _____ TELEPHONE No: _____<br>CITY _____ STATE _____ ZIP CODE _____                                                                                                                |                                                                                                                 |                   |
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| Signed _____ For: Operator                                                                                                                                                                                       | Signed _____ For: Location                                                                                      | FORM 1095         |