DEPARTMENT OF HEALTH
BOROUGH OF ELMWOOD PARK
BERGEN COUNTY
NEW JERSEY

182 MARKET ST
ELMWOOD PARK NJ 07407

201-796-1457 EXT 8809
FAX 201-794-0976

FOOD & BEVERAGE VENDING MACHINE APPLICATION

FEE: $50 *FOR EACH MACHINE*

☐NEW APPLICATION ☐RENEWAL

VENDING MACHINE
OWNER/ BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE # : _____EMAIL: _____

MACHINE LOCATION
NAME OF ESTABLISHMENT/ COMPANY: _____

ADDRESS: _____

TELEPHONE # : _____

PERSON/COMPANY RESPONSIBLE FOR SERVICING MACHINES
NAME: _____

ADDRESS: _____

TELEPHONE # : _____

TYPE OF VENDING MACHINE: (LIST HOW MANY OF EACH TYPE AT THIS LOCATION)

____ REFRIGERATED FOOD ____MILK ____ICE CREAM ____COFFEE

____ CANDY/ SNACK ____ SODA/COLD BEVERAGES ____OTHER (SPECIFY)

SOURCE OF FOOD:

_____

_____

THE HEALTH DEPARTMENT MUST BE NOTIFIED IN WRITING IF ANY VENDING MACHINES ADDED OR REMOVED FROM ABOVE STATED LOCATION.
LICENSES ARE NON-TRANSFERABLE.

I HEREBY APPLY FOR A LICENSE TO OPERATE A FOOD AND/OR BEVERAGE MACHINE AND AGREE TO COMPLY WITH, ABIDE BY, ALL PROVISIONS OF N.J.A.C. 8:24 OF THE NEW JERSEY SANITARY CODE AND ALL LOCAL CODES REGULATING FOOD AND BEVERAGE VENDING MACHINES. I FURTHER UNDERSTAND THAT THIS LICENSE IS NOT TRANSFERABLE AND MAY BE REVOKED UPON VIOLATION OF THESE CODES.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

PERMIT # _____

CHECK # _____

FEE PAID _____

DATE REC'D _____