



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-5888

APPLICATION FOR THE OPERATION OF A VENDING MACHINE

A separate application must be filled for each Vending Machine

LOCATION OF MACHINE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

CHECK ONE: APPLICANT IS A FIRM CORPORATION INDIVIDUAL PARTNERSHIP

NAMES OF OFFICERS AND ADDRESSES: _____

LOCATION OF WHERE SUPPLIES FOR THE VENDING MACHINES ARE KEPT: _____

WHERE WOULD MACHINES BE REPAIRED OR RENOVATED, IF NECESSARY: _____

THE MAKE, MODEL, TYPE OF MACHINE: _____

WHAT WILL BE DISPENSED BY THE MACHINE:

CANDY COFFEE SODA COOKIES SANDWICHES OTHER

FEE: \$20.00 OPERATING FEE PLUS \$10.00 PER MACHINE PER YEAR

*NOTE: Your application will NOT be processed until payment is received.
A \$25.00 Late Fee applies for licenses received after January 21st, no exceptions.*

Return your completed application, along with check (made payable to "*Township of Berkeley Heights*") to:

**Board of Health
Township of Berkeley Heights
29 Park Avenue
Berkeley Heights, NJ 07922**

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval Date Inspected:

- Payment Received _____
- o Amount \$ _____
- o Check # _____

Health Officer