



**SOMERSET COUNTY
DEPARTMENT OF HEALTH
27 WARREN STREET
PO BOX 3000
SOMERVILLE, NJ 08876
Tel (908) 231-7155 Fax (908) 704-8042**



APPLICATION FOR FOOD & BEVERAGE VENDING MACHINES

PLEASE MAKE CHECKS PAYABLE TO BOROUGH OF BOUND BROOK

NEW APPLICATION RENEWAL

VENDING MACHINE OWNER: _____

DATE: _____

ADDRESS: _____

TEL # _____

MACHINE LOCATION: _____
(Name of Establishment or Company)

ADDRESS: _____

TEL # _____

NAME OF PERSON / COMPANY
RESPONSIBLE FOR SERVICING MACHINES: _____

ADDRESS: _____

TEL #: _____

TYPE OF VENDING MACHINE: (List how many of each type at this location)

_____ Refrigerated Food _____ Milk _____ Ice Cream _____ Coffee

(For Official Use Only)

LICENSE # _____

_____ Candy / Snack _____ Soda / Cold Beverages _____ Other (specify)

CHECK # _____

FEES: \$30 PER MACHINE PER CALENDAR YEAR

FEE PAID _____

The Health Department must be notified in writing if any vending machines are added to 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, and abide by, all the 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.

SIGNED _____