

BOONTON HEALTH DEPARTMENT
100 WASHINGTON STREET
BOONTON, NJ 07005
(973) 402-9410 x 631 FAX: (973) 402-7643

APPLICATION FOR VENDING MACHINE LICENSE

PLEASE PRINT ALL INFORMATION

TRADE NAME OF FIRM: _____ PHONE #: _____

BUSINESS ADDRESS: _____

OWNER'S NAME: _____ HOME PHONE #: _____

RESIDENCE: _____

*IF CORPORATION, PLEASE LIST NAME OF PRESIDENT: _____

DESCRIBE TYPE OF MACHINE (I.E., HOT, COLD, SNACK, GUM, ETC.) _____

NAME OF EXTERMINATING COMPANY: _____ PHONE #: _____

STREET LOCATION OF MACHINE: _____

NOTE: NO LICENSE SHALL BE TRANSFERABLE. LICENSES MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT UPON VIOLATION OF THE PURPOSES, INTENT AND PROVISIONS OF CHAPTER 12 OF THE STATE SANITARY CODE, THE FOOD & BEVERAGE VENDING MACHINE CODE, THE SOLID WASTE CODE, OTHER ORDINANCES OF THE HEALTH DEPARTMENT, OTHER ORDINANCES OF THE MUNICIPALITY AND STATUTORY LAWS OF THE STATE OF NEW JERSEY RELATING TO THE CONDUCT OF SUCH BUSINESS. LICENSES ARE RENEWABLE DURING DECEMBER OF EACH YEAR.

BY CONSIDERATION OF SUCH LICENSE, I HEREBY AGREE TO CONDUCT THE SAID PREMISES IN CONFORMANCE WITH THE PURPOSES, INTENT AND PROVISIONS OF THE ABOVE MENTIONED CODES OR ORDINANCE STATED HEREIN.

SIGNATURE OF APPLICANT

TITLE

DATE

VENDING MACHINE - FEE SCHEDULE

(PLEASE REMIT APPROPRIATE FEE WITH YOUR APPLICATION)

Make check payable to "TOWN OF BOONTON"

_____ HEATED/REFRIGERATED MACHINE	\$20 each	_____ SNACK MACHINE	\$10 each
_____ SODA MACHINE	\$10 each	_____ GUM MACHINE	\$1 each
_____ PENNY GUM MACHINE	\$.50 each		

****FOR OFFICE USE ONLY****

FEE REMITTED _____ CASH/CHECK # _____ LICENSE # _____

ISSUE DATE _____ EXPIRATION DATE _____ APPROVED BY _____