

LICENSE APPLICATION FOOD AND BEVERAGE VENDING MACHINES

OWNER INFORMATION

(Complete this section only if different from establishment information.)

Name of Owner: _____

County: _____ Zip: _____

Contact Person: _____ Phone: _____

ESTABLISHMENT INFORMATION:

Establishment Trading Name: _____

Address: _____

Phone: _____

<u>TYPE OF VENDING MACHINE</u>	<u>NO. OF VENDING MACHINES</u>	<u>FEES</u>
Potentially Hazardous Foods		
Milk/Milk Products	_____ at \$35.00/unit	_____
Sandwiches, Vegetables, etc.	_____ at \$35.00/unit	_____
Beverages in Cans (Soda)	_____ at \$15.00/unit	_____
Non-Perishable Foods (Candy)	_____ at \$15.00/unit	_____
Beverages in Open Containers (Coffee)	_____ at \$15.00/unit	_____
Ice (Cubes, Bulk)	_____ at \$15.00/unit	_____
Other _____	_____ at \$15.00/unit	_____

Amount Due: _____

**** OWNER INFORMATION REFERS TO THE OWNER OF THE VENDING MACHINE (S) NOT THE ESTABLISHMENT. ENCLOSE A CHECK OR MONEY ORDER AND RETURN TO THE WEST WINDSOR HEALTH DEPARTMENT AS SOON AS POSSIBLE.**