

**TOWNSHIP OF ROCHELLE PARK
BOARD OF HEALTH
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
201-587-7730 Ext. 302
FAX 201-556-0523**

FOOD/BEVERAGE VENDING MACHINE LICENSE APPLICATION

Please check one: New application:_____ Renewal:_____ Fee \$_____

WE, the undersigned owner, do hereby apply for a license for operation and maintenance of one or more food/beverage vending machines or devices in the Township of Rochelle Park, New Jersey, for the period ending December 31, 2_____.

PRODUCT IDENTITY AND DISPENSING FORM DESCRIPTION

Business name:_____

Business address:_____

Telephone#_____ Fax#_____

Type of Ownership: Individual:_____ Partnership:_____ Corporation:_____

Corporation name:_____

Items dispensed:_____

Key on premises: Yes () No () Contact person's name:_____

Days route man is at location: _____

Electric () Hand operated () Air () Gas () Water () Other _____

PROPOSED LOCATION OF EACH VENDING MACHINE

*please list any additional locations on back of this form

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Total number of machines or devices:_____

CERTIFICATION AND AGREEMENT

I, do hereby agree to comply at all times with the rules and regulations of the Board of Health relating thereto, and shall be responsible for repair of any defective equipment. I, certify that the foregoing information provided by me is true and complete to best of my knowledge, and understand that any willing false statement is sufficient cause for rejection of this application, or, if a license has been issued, for the termination of same for the license period. It is further understood that issuance of a license is based solely on the present operation: any alteration or addition, must be approved by the Board of Health, prior to such action.

Applicant signature:_____ Date:_____

For Health Department use

Approved____ Disapproved____ Date_____ License #_____ Fee paid \$_____