

Municipal Complex
2 Jake Garzio Drive
Ewing, NJ 08628



Phone: (609) 883-2900 ext. 7619
Health Fax: (609) 883-0215
Web Address: www.ewingnj.org

Stephanie Mendelsohn
Health Director

Sharon McNellis-Kissel
Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

APPLICATION FOR FOOD & BEVERAGE VENDING MACHINES

Licensing year runs June 1st – May 31st with application and applicable fee due by **May 31st** of each year.
Submit a separate application for each additional location.

PLEASE MAKE CHECKS PAYABLE TO EWING TOWNSHIP

NEW APPLICATION

RENEWAL

VENDING MACHINE OWNER: _____ DATE: _____

ADDRESS: _____ TEL # _____

MACHINE LOCATION: _____ BLOCK _____ LOT _____

ADDRESS: _____

NAME OF PERSON / COMPANY RESPONSIBLE FOR SERVICING MACHINES: _____

ADDRESS: _____

TEL #: _____ EMAIL: _____

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

_____ Refrigerated Food _____ Milk _____ Ice Cream _____ Coffee
_____ Candy / Snack _____ Soda / Cold Beverages _____ Other (specify _____)

FEES: \$20.00 (1ST MACHINE) / \$10 EACH ADDITIONAL MACHINE

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.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____

Title: _____

Applicant's Signature: _____

Date: _____

OFFICIAL USE ONLY

Received by: _____

Date: _____

Fee Collected: _____ Cash: _____

Check: _____ Credit Card: _____

Health Officer's Signature: _____

Date: _____