



Gabriella Hogan  
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 1<sup>st</sup> – May 31<sup>st</sup> with application and applicable fee due by **May 31<sup>st</sup>** 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 (1<sup>ST</sup> 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: \_\_\_\_\_