



VENDING MACHINE LICENSE APPLICATION
License for the period ending December 31, _____

LOCATION OF MACHINE INFORMATION:

Business Name: _____

Business Address: _____

Business Phone: _____ Other: _____

MACHINE OWNER INFORMATION:

Owner's Name: _____ Phone# _____

Owner's Address: _____ Town/State/Zip _____

Owner's Email Address: _____

MACHINE INFORMATION:

Number of Vending Machines _____

Type of Vending Machine (soda, candy, etc)	Location in Building	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*For additional machines please use back of form. Total Fee Due _____

FEES:

0.01 cent - .20 cents	\$5.00 per machine
Over .20 cents	\$10.00 per machine

CERTIFICATION:

I, the Undersigned, agree to operate all machines in accordance with the requirements of the "Food and Vending Machine Code of NJ" 1961 and further agree that all machines, commissaries, storage areas, etc. shall be opened to the Rockaway Borough Health Department personnel for inspections deemed necessary. I understand that the licenses are not transferable and that I must report all changes to the Rockaway Borough Health Department.

Signature of Applicant: _____

Title: _____ Date _____

**Please make check or money order payable to ROCKAWAY BOROUGH and mail to:
ROCKAWAY BOROUGH
1 EAST MAIN STREET, ROCKAWAY, NJ 07866**

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FOR AGENCY USE ONLY

Amount Received: _____ Check# _____ Cash _____

Date: _____ License Number: _____