

LICENSE NO: _____

PERMIT NO: _____

FOR YEAR: 2014

**BOARD OF HEALTH – TOWNSHIP OF UNION
MUNICIPAL BUILDING – UNION, NJ**

**APPLICATION FOR LICENSE & PERMIT
FOR FOOD OR BEVERAGE VENDING MACHINE**

DATE: _____

FULL NAME: _____ PHONE NO: _____

RESIDENCE ADDRESS: _____

If corporation, give the names, titles and addresses of all officers of the corporation.

State incorporated in _____ Registered NJ Agent _____

Address: _____

Address of each commissary and other establishments where supplies for such machine or machines are kept and where such vending machine or machines are repaired or renovated. (Attach additional pages if necessary.)

LIST ALL MACHINES AT ALL LOCATIONS BY MAKE, MODEL, TYPE AND DESCRIPTION OF MACHINES ON THE REVERSE SIDE OF THIS APPLICATION. LISTING THE INDIVIDUAL MACHINES ON THIS APPLICATION CONSTITUTES A SEPARATE APPLICATION FOR EACH MACHINE.

I, We hereby make application for license for Food or Beverage Vending Machine and agree to conduct the business in compliance with the Laws of the State of New Jersey and the Ordinances of the Township of Union in the County of Union, and the Ordinances and regulations of the Board of Health of said Township, and the Health and Sanitary Code of the Township of Union.

It is further agreed that, I/We, will surrender this license, if granted, to the Township of Union, NJ on demand.

PERMIT FEE: \$80.00

LICENSE FEE: \$8.00 PER MACHINE

Signature of applicant or its authorized officer

Position

MAKE CHECK OR MONEY ORDER PAYABLE TO BOARD OF HEALTH, Township of Union

EXPIRATION DATE DECEMBER 31st OF EACH YEAR

A LATE PAYMENT CHARGE OF (TWENTY-FIVE PER CENT (25%) OF THE ESTABLISHED ANNUAL FEE) WILL BE ASSESSED FOR EACH REQUIRED LICENSE OR PERMIT NOT OBTAINED PRIOR TO EXPIRATION DATE.

Please do not write below this line _____

AMOUNT REC'D: PERMIT \$ _____ # OF LICENSES _____ x \$8 = \$ _____ TOTAL \$ _____

CHECK / MONEY ORDER / CASH

DATE RECEIVED: _____

