



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1
APPLICATION FOR FOOD AND BEVERAGE VENDING MACHINE
HEALTH LICENSE

Establishment Where Machines Located:

Address: _____

Telephone # _____ Fax# _____ E-Mail _____

Emergency Contact Person: _____

HEALTH LICENSE INFORMATION

<u>Type of Machine</u>	<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>
Food and Ice Cream	_____	\$50.00	_____
Candy	_____	\$50.00	_____
Beverage	_____	\$50.00	_____
TOTAL REMITTANCE FOR 2018		_____	(payable by January 31, 2018)

MAIL TO: MONMOUTH COUNTY REGIONAL HEALTH COMMISSION
1540 WEST PARK AVENUE, SUITE 1
OCEAN TOWNSHIP, NEW JERSEY 07712

Phone# (732) 493-9520
Fax # (732) 493-9521

Signature of Applicant _____ Date: _____

Print Name of Applicant _____

***Distributors/Vendors: For Multiple Vending Machine Locations, provide a list of establishments, types and number of machines or copy this form and complete one (1) for each establishment.**