



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION No. 1

**APPLICATION FOR FOOD & 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 2021 _____ (payable by January 31, 2021)

MAIL TO: MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO. 1
1540 WEST PARK AVENUE, SUITE 1
OCEAN, 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.**