



**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 2020** \_\_\_\_\_ (payable by January 31, 2020)

**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.**