



EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT

RETAIL FOOD VENDING MACHINE LICENSE APPLICATION

YEAR: _____

NAME OF BUSINESS _____ PHONE _____

ADDRESS _____

LOCATION OF VENDING MACHINE * _____

LIST TYPES OF FOOD SOLD IN VENDING MACHINE _____

*** PLEASE USE BACK OF THIS FORM TO LIST ANY ADDITIONAL MACHINES**

<p>\$25.00 Machines engaged in the sale of potentially hazardous Foods as described in Chapter 12 of the New Jersey State Sanitary Code (i.e., Milk, Ice Cream, Sandwiches)</p> <p>\$25. X _____ (# of machines) = \$ _____</p>	<p>\$15.00 Machines engaged in the sale of all other products</p> <p>\$15. X _____ (# of machines) = \$ _____</p>
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Please make check payable to **East Windsor Township Health Department**

TOTAL AMOUNT DUE FOR ALL MACHINES \$ _____

The undersigned agrees to operate the aforementioned Vending Machine(s) in accordance with the provisions of the Food and Beverage Vending Machines Code 18-6 Revised General Ordinances of the Township of East Windsor and Chapter 24 (N.J.A.C. 8:24-4.12 A-L) "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines."

Date: _____ Signature of Operator: _____

PLEASE RETURN FORM TO:

**EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT
16 LANNING BLVD
EAST WINDSOR NJ 08520**

----- **FOR OFFICE USE ONLY** -----

Permit # _____ Date Inspected (if applicable) _____

Date Issued _____ Rating _____

Fee \$ _____ Potentially Hazardous Food Products? Yes _____ No _____

