**FEE SCHEDULE:** 

## **For Office Use Only**

License Number:

License Year:

Payment Amount:

## APPLICATION FOR VENDING MACHINE LICENSE

Regular Vending Machines:	Regular Vending Machines:	
Potentially Dangerous Food Ma	Potentially Dangerous Food Machines:	
Total Due with Initial Appl	ication:	\$
(Check	Payable to Borough of W	Vatchung)
EXPIRATION	N DATE: <u>DECEMBER</u>	31 <sup>ST (</sup> of every year)
Name of Applicant:		
Address of Applicant:		
Phone:	Email:	
Number of Vending Machines:	Type of Ver	nding Machines:
In Case of Partnership or Corporation, Give Na Agent.	mes and Addresses of All	Partners, Stockholders, Officers or Registered
	-	
Name, Phone, Email And Address of Establishn	nent Where Coin-Operato	ed Automatic Machines Will Be Used:
Name, Phone, Email and Address of Employee		Those Machines
Name, 1 none, Eman and Address of Employee	reisonany in charge of 1	nese waemnes.
Applicant Signatur	 e	 Date