



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

Establishment Where Machines Located:

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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	_____
<b>TOTAL REMITTANCE FOR 2012</b>		_____	<b>(payable upon receipt)</b>

**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.**