Establishment Where Machines Located:

_______________________________________________________________

Address: ______________________________________________________

Telephone #________________ Fax#________________ E-Mail ___________

Emergency Contact Person: ________________________________________

### HEALTH LICENSE INFORMATION

<table>
<thead>
<tr>
<th>Type of Machine</th>
<th>Quantity</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and Ice Cream</td>
<td>_______</td>
<td>$50.00</td>
<td>______</td>
</tr>
<tr>
<td>Candy</td>
<td>_______</td>
<td>$50.00</td>
<td>______</td>
</tr>
<tr>
<td>Beverage</td>
<td>_______</td>
<td>$50.00</td>
<td>______</td>
</tr>
</tbody>
</table>

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.