

# Township of Mahwah

HEALTH DEPARTMENT  
 475 CORPORATE DRIVE  
 PO BOX 733  
 MAHWAH, NJ 07430

Phone: 201-529-5757, Ext.2  
 Fax: 201-529-8013

FOR HEALTH DEPT USE ONLY	
LICENSE #2017-	_____
FEE RECEIVED:	_____
RECEIPT NO:	_____
DATE MAILED:	_____

APPLICATION FOR A LICENSE TO LOCATE AND OPERATE A VENDING MACHINE (BH:4-2)

FEE: \$40.00 PER MACHINE (\$20.00 LATE FEE PER MACHINE AFTER FEB 1<sup>ST</sup>)

Upon receipt of completed application and payment dated and numbered license stickers will be mailed to you for placement on individual machines.

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please complete the following table indicating number of each type of vending machine:

Location of Machine (Name and Address)	Food/Drink requiring refrigeration	Frozen Items	Non- perishable food/drink	Other	OFFICE USE ONLY - LIC #
TOTALS					

All licenses expire on December 31<sup>st</sup> of the licensing year. Licenses are NOT transferable.

ONCE ISSUED, A VENDING LICENSE DOES NOT CONSTITUTE PERMISSION TO VIOLATE ANY TOWNSHIP ZONING ORDINANCE OR RULE OR REGULATION OF ANY OTHER TOWNSHIP BOARD