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: #2026-_____

FEE RECEIVED: _____

RECEIPT NO:_____

DATE MAILED:_____

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

FEE: $60.00 PER MACHINE ($30.00 LATE FEE PER MACHINE AFTER JANUARY 31ST)

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 31st 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