Township of East Brunswick
PO Box 1081
East Brunswick, NJ 08816

Vending Machine License Application

Operator #_____ License #_____

Please Answer All Questions

Date_____

Name of Operator_____

Trade Name, if used_____

Address of Operator_____

Business Address_____

Phone Number_____
(Home) (Business)

Service Vehicle_____
(Year, Make, Model) (License #)

If Corporation, list officers:
(please include name, full address and phone number)

President_____

Vice-President_____

Secretary_____

Treasurer_____

Authorized Agent_____

Has anyone connected with this operation ever been convicted of violating any statute or ordinance having to do with the protection of public health? ☐ Yes ☐ No

If yes, answer the following:

1. Person convicted_____
2. Nature of Offense_____
3. Date of Offense_____
4. Municipality_____
5. Penalty_____

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2. Nature of Offense_____
3. Date of Offense_____
4. Municipality_____
5. Penalty_____

_____
Signature

_____
Print Name

Do not write below this line

Date of License:_____ License #_____
License Category:_____ Fee Paid:_____