2016

FAIR LAWN HEALTH DEPARTMENT
FOOD/BEVERAGE VENDING MACHINE
LICENSE RENEWAL APPLICATION
Fee: $50 per machine

Name of Machine Owner/Operator: _____
Company Name: _____
Address: _____
_____
Business Phone: _____ Fax: _____
E-mail address: _____
Name, address and emergency phone # of person responsible for daily operation:
_____
_____

Vending Machine Location Information:

#1 Business Name_____ #2 Business Name_____
Address:_____ Address: _____
Contact person: _____ Contact person: _____
Vending machines: _____ # Vending machines: _____
Types of Foods/beverages sold:_____ Types of Foods/beverages sold:_____
_____ _____
_____ _____

#3 Business Name_____ #4 Business Name_____
Address:_____ Address: _____
Contact person: _____ Contact person: _____
Vending machines: _____ # Vending machines: _____
Types of Foods/beverages sold:_____ Types of Foods/beverages sold:_____
_____ _____
_____ _____

I hereby certify that the above food vending machines will be kept in proper sanitary order, according to regulation NJAC 8:24-4.12 sanitary requirements. Licenses must be renewed annually and expire on December 31 of each year.

Total amount submitted for these locations: #____ vending machines x $50 =$_____
$50 late fee if application will be received after January 15, 2016: $_____
Total amount of fees submitted for this location: $_____

Date: _____ Signature of Applicant: _____

Please make check payable to the *Borough of Fair Lawn* and mail to:
Fair Lawn Health Department
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410

********** Do not write below this line **********

Was a copy of NJAC 8:24-12 given to the applicant? _____
Date of Application: _____
Health Officer Approval: _____
Fee Paid: _____ Late fee paid: _____ Total paid: _____ VM #s: _____