



BOROUGH OF RUTHERFORD
DEPARTMENT OF HEALTH
 184 Park Ave. Rutherford, NJ 07070
Jennifer Galarza, Health Official

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 www.rutherfordboronj.com

VENDING LICENSE APPLICATION

LICENSE FEES ARE NON-REFUNDABLE

Valid for January 1 thru December 31

Vending Machines

Total \$

Business/Establishment Name _____

Business Address _____

Phone _____ Fax _____ Email _____

Owner Information (Required)

Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Email _____

Vending Machine Operator

Name _____ Cell Phone _____

Email _____ Phone _____

Location of Vending Machine

Located _____ Type _____

Located _____ Type _____

Located _____ Type _____

Located _____ Type _____

Located _____ Type _____

Class Type

FEE

Not for profit organizations **No Fee**

Vending machine dispensing candy, pre-packaged nuts, gumballs or other non-perishable confections. **\$20.00**

Vending machine dispensing any other food or beverage. **\$30.00**

Vending machine dispensing any type of potentially hazardous food item. **\$40.00**

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT HEREBY CERTIFIES THAT THE ABOVE ANSWERS ARE TRUE AND AGREES TO COMPLY AT ALL TIMES WITH THE CH 24 STATE SANITARY CODE, BOARD OF HEALTH CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. THE RUTHERFORD HEALTH DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES IN OWNERSHIP.

Print Name _____ **Legal Signature** _____

----- For Health Department Use Only -----

Application Date _____ **Fee Paid** _____ **Lic #** _____