

Jersey Shore Regional Health Commission

628 Shrewsbury Avenue
Tinton Falls, NJ 07701
PHONE:(732) 493-9520 • FAX (732) 493-9521 • www.JSRHC.org



APPLICATION: Food & Beverage Vending Machine License

Vei	nding Machine Bu	siness Details:	
TRADE NAME:	OWNER:		
MAILING ADDRESS:			
Street, Municipality, State, Zip Code			
PHONE:	EMAIL:	FAX #:	
Establishm	ent where vendir	ng machine(s) Locate	ad.
	ient where vendi	ig macimie(s) Locate	:u
ADDRESS: Street, Municipality			
Vending Machine Location Description:			
□PROPERTY OWNER, □ FACILITY MAN			
PHONE: EMAIL:		FAX #:	
	EIVIAIL.	1744 п.	
VE	NDING LICENSE II	NFORMATION	
Type of Machine	Quantity	Rate	Amount
Type of Machine	Quantity	Nate	Amount
Non-Perishable/Shelf-stable		\$50.00	
(candy, crackers, etc.) ———		- · -	
Perishable foods		\$50.00	
(Refrigeration Required) ———		- · -	
Beverages		\$50.00	
		_	
		TOTAL REMITANCE:	
STATEMENT: I hereby certify that all deviation from the info The Jersey Shore Region I further agree to comp	rmation provided monal Health Commission	ust be provided in a time on.	ely manner to
presented in Municipal	-		as may be
			/ /
Applicant Name Printed	Арр	licant Signature	Date
Distributors/vendors: For each novel	vending machine loc	ation, complete a one (1	L) form.
Remittance & Application can be mail	•	e Regional Health Comm bury Avenue	ission

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