



**Somerset County Department of Health**  
 27 Warren Street, Somerville, NJ 08876  
 P.O. Box 3000  
 Phone (908) 231-7155 | Fax (908) 704-8042



## Application for Food & Beverage Vending Machines

**Please make checks payable to Bedminster Township**  
**Mail checks and applications to: 1 Miller Lane, Bedminster, NJ 07921.**  
**Fee amounts: \$50 license fee per year + \$25 per unit per year**

**New Application**

**Renewal**

**Vending Machine Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Machine Location:** \_\_\_\_\_ *(Name of Establishment or Company)*

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Name of Person / Company Responsible for Servicing Machines:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

<i>For Official Use Only</i>	
<b>LICENSE #</b>	_____
<b>CHECK #</b>	_____
<b>FEE PAID</b>	_____

**Type of Vending Machine:** (List how many of each type at this location)

\_\_\_\_\_ Refrigerated Food    \_\_\_\_\_ Milk    \_\_\_\_\_ Ice Cream    \_\_\_\_\_ Coffee

\_\_\_\_\_ Candy / Snack    \_\_\_\_\_ Soda / Cold Beverages    \_\_\_\_\_ Other (specify)

The Health Department must be notified in writing if any vending machines are added to or removed from above stated location. Licenses are non-transferable.

I, \_\_\_\_\_ *(print name)*, hereby apply for a license to operate a food and/or beverage machine and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating food and beverage vending machines. I further understand that this license is not transferable and may be revoked upon violation of these codes.

**Signature:** \_\_\_\_\_