



**TOWNSHIP OF EAST HANOVER  
HEALTH DEPARTMENT  
411 RIDGEDALE AVENUE  
EAST HANOVER, NJ 07936**

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PHONE: (973) 428-3035

FAX: (973)428-2986

## **VENDING MACHINE APPLICATION**

IMPORTANT – READ ENTIRE APPLICATION BEFORE SIGNING

**1. License required:**

It is unlawful for any person or any body corporate to furnish, install, service, operate or maintain one or more vending machines, as defined and governed by Chapter 24 of the NJ State Sanitary code, without first having procured a license from the Township of East Hanover Health Department.

**2. Expiration of License: Renewal:**

Every license issued shall expire December 31 of the year of its issue. Applications for renewal shall be submitted with the required fee at least ten (10) days prior to December 31 of each year. **A \$100.00 late fee will be charged to all applications received after December 31.**

**3. Vending Machine Defined:**

“Vending Machine” means any self-service device which upon insertion of a coin, paper currency, token, card, or key dispenses unit servings of food, either in bulk or in packages, without the necessity of replenishing the service between each vending operation. It shall also include self-service dispensers equipped for coin, paper currency, token, card or key operations and optional manual operations.

**4. Change Of Ownership:**

Vending Machine Licenses are non-transferable. All vending machines with change ownership, including reincorporation, are required to be relicensed by the Health Department before the new owners may begin operation.

**5. Fees:**

The license fee for a food vending machine shall be \$100.00 for the first machine, \$20.00 for each additional machine.

**6. Nonfood Items In Vending Machines:**

It is unlawful for any vending machine as defined under Chapter 24 of the NJ State Sanitary Code, to contain for sale or distribution any tobacco or tobacco related products.

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**PLEASE PRINT**

7. Location of Vending Machine: \_\_\_\_\_

8. Adress: \_\_\_\_\_

Phone # \_\_\_\_\_

9. Vending Machine Owner(s): \_\_\_\_\_

10. Owners Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

*(If Corporation, give corporate name & address as well as name & address of agent)*

11. Name and address of property owner or operator of premises:  
\_\_\_\_\_

12. List Types of foods & beverages sold or dispensed: \_\_\_\_\_

13. I understand that this vending machine is being licensed under Township of East Hanover Ordinance 186, Chapter 24 of the New Jersey Sanitary Code (N.J.A.C. 8:24: 1-1 et. Seq.). In consideration of such license, I hereby agree to at all times operate the said vending machine in conformance with the proposed intent and provisions of the Township of East Hanover Ordinance 186, Chapter 24 of the NJ State Sanitary Code and other ordinances of the Health Department, the amendments and supplements thereto and other ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

I have read and understand all of the above requirements and agree to abide by them as a condition of this license

Applicant's Name *(please print)* \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant *(please print)* \_\_\_\_\_