



# Borough of Watchung

**For Office Use Only**

License Number: \_\_\_\_\_

License Year: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

## APPLICATION FOR VENDING MACHINE LICENSE

**FEE SCHEDULE:**Regular Vending Machines: **\$ 25.00 PER MACHINE**Potentially Dangerous Food Machines: **\$ 75.00 PER MACHINE**

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**Total Due with Initial Application:** \$ \_\_\_\_\_

(Check Payable to Borough of Watchung)

**EXPIRATION DATE: DECEMBER 31<sup>ST</sup> (of every year)**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Vending Machines: \_\_\_\_\_ Type of Vending Machines: \_\_\_\_\_

In Case of Partnership or Corporation, Give Names and Addresses of All Partners, Stockholders, Officers or Registered Agent.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have Any of The Above Ever Been Convicted of Any Crime or Offense? \_\_\_\_\_

If So, Give Specific Details of Arrest and Conviction: \_\_\_\_\_  
\_\_\_\_\_Name, Phone, Email And Address of Establishment Where Coin-Operated Automatic Machines Will Be Used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Name, Phone, Email and Address of Employee Personally in Charge of These Machines:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
**Applicant Signature**\_\_\_\_\_  
**Date**