



Borough of Lincoln Park

34 Chapel Hill Road Lincoln Park, NJ 07035 - 1902

Health Department

(973) 270-2040/2036 FAX: (973) 270-2041

VENDING MACHINE LICENSE APPLICATION

Company Name: _____ **Contact Name:** _____

Company Address: _____

Phone #: _____ **Email:** _____

Location of vending machines: _____

FEES: \$10.00 per machine/rack (gumball, etc.)

Vending machine/racks: # units: _____ **x \$10 each = \$** _____

List each machine & type of product sold:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____
- 9. _____ 10. _____

License fee enclosed: check or money order Amount: \$ _____

Make check or money order payable to: Borough of Lincoln Park

NOTE: All licenses expire on December 31st of each year.

I agree to comply with Borough Ordinances and State Department of Health Regulations.

Signature of applicant: _____ **Date:** _____

License #: _____ **Date license issued:** _____

Approval signature: _____ **Not approved:** _____

Remarks: _____
