



**CITY OF PASSAIC
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH**

City Hall • 330 Passaic Street • Passaic, NJ 07055 • (973) 365-5603

FOR OFFICE USE ONLY	
Receipt Number	
Date	
Total	
Number of Machines	
Method of Payment	

APPLICATION FOR VENDING MACHINE LICENSURE

Date of Application: _____

THIS APPLICATION IS FOR:	
<input type="checkbox"/> INITIAL LICENSE(S)	<input type="checkbox"/> RENEWAL OF EXISTING LICENSE(S)
<input type="checkbox"/> DUPLICATE LICENSE(S) OF EXISTING LICENSE(S)	

Name of Vending Machine Owner: _____

Permanent Address: _____

Business Telephone: _____ Fax Telephone: _____

Post Office Address: _____

Is the machine owned by a corporation, partnership, or LLP/LLC? **YES** **NO** If **YES**, please provide the name(s) and address(es) for the registered agents of the corporation, or LLP/LLC below:

Name of Agent	Title	Address

LICENSE FEES

- Machines which dispense potentially hazardous foods: fifty dollars (\$50.00) per machine.
- Machines which dispense non-potentially hazardous foods which require a fee greater than twenty-five cents (\$0.25) for items: thirty-five dollars (\$35.00) per machine.
- Machines which dispense non-potentially hazardous foods which require a fee equal to or less than twenty-five cents (\$0.25) for items: ten dollars (\$10.00) per machine.
- Duplicate licenses fee: \$10.00 per duplicate license.
- A late fee of \$5.00 shall be imposed for renewal applications filed after January 15th of the licensing year.

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I further understand that violations of applicable health and city ordinances and/or state sanitary laws can result in revocation of vending machine licenses issued by the Division of Health in connection with this application and/or legal action being taken against me.

Print Name of Applicant

Signature of Applicant

Date

CITY OF PASSAIC DIVISION OF HEALTH - APPLICATION FOR VENDING MACHINE LICENSURE

NAME OF APPLICANT: _____
DATE OF APPLICATION: _____

	<p align="center">VENDING MACHINE LOCATION INFO (Name, Address, & Telephone Number for Location)</p>	<p align="center">Type of Food Items to be Vended</p> <p>Please indicate what type of food will be vended by providing one of the following descriptions:</p> <ul style="list-style-type: none"> ▪ Potentially Hazardous Food (Please Describe) ▪ Snacks and/or Candy ▪ Beverages (e.g. water, soda, etc.) <p>Please note that potentially hazardous food includes items that contain milk, eggs, meat, or may require refrigeration)</p>	<p>Please provide the <u>price for the most expensive food item</u> that will be vended from this machine</p>	<p align="center"><i>Official Use Only</i></p>
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