

**SOUTH PLAINFIELD HEALTH DEPARTMENT**  
2480 Plainfield Avenue, South Plainfield, NJ 07080

**VENDING MACHINE LICENSE APPLICATION**

OWNERS NAME: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

OWNERS TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

MANDATORY EMAIL: \_\_\_\_\_

**NON-REFUNDABLE APPLICATION FEE**

<u>MACHINE LOCATION/ADDRESS</u>	<u>MACHINE TYPE</u>	<u># OF MACHINES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL FEE DUE**

**TOTAL # OF MACHINES:** \_\_\_\_\_ X \$50.00/PER MACHINE = \_\_\_\_\_

**LATE PENALTY:** *\$50.00 PER MONTH AFTER MARCH 31ST* \_\_\_\_\_

**NOTE:** Application is to be completed and returned with a check payable to the "South Plainfield Health Department" by March 31<sup>st</sup> otherwise a \$50.00 PER MONTH late fee will be incurred.

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**FOR OFFICE USE ONLY.**

LICENSE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

METHOD OF PAYMENT: CASH \$ \_\_\_\_\_ CHECK \$ \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_