



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office (973) 796-1975
Health Officer (973) 292-6707
Health Inspectors (973) 292-6713
(REHS) (973) 796-1993
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

VENDING MACHINE APPLICATION

This application is for machines dispensing food and/or beverages. Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application.

LOCATION OF MACHINES

NAME OF ESTABLISHMENT _____

Property Owner Contact Name _____

Address of Establishment _____

Property Owner Phone # _____

Emergency Phone # _____

Fees:	
Non time/temperature control for safety vending machine(s)*	1 st Machine \$100
	Each additional machine \$50
Time/temperature control for safety vending machine(s)*	1 st Machine \$200
	Each additional machine \$100

MACHINE INFORMATION

Total Number of Machines

Interior _____

Exterior** _____

Type of Machine

Prepackaged Food # _____

Prepackaged Drink # _____

Coffee Dispensing Machine # _____

Time/Temperature Control (Refrigeration Required) (41°F) # _____

Other _____ # _____

Please list food items to be sold (attach an additional sheet if needed):

Prepackaged Food	Prepackaged Drink	Time/Temperature Control (Refrigeration Required)

*Time/Temperature control for safety means any food and/or drink that requires refrigeration or hot holding to prevent pathogen growth (i.e. vending machines holding sandwiches, dairy products)

**Please be advised, that exterior placement of machines may require Zoning approvals.

OWNER INFORMATION

Business Name _____

Business Owner Name(s) _____

Business Owner Address _____

Business Owner Phone # _____

Email _____

Licenses are valid from July 1st – June 30th of licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of \$50.00/per month will be assessed starting July 1st for all delinquent payments.

I attest that all of the information on this application is accurate to the best of my knowledge. By operating a business in the Town of Morristown, I realize that legal action may be taken for non-compliance of state and town laws along with the suspension and revocation of my Vending Machine License.

Signature _____

Date _____

Printed Name _____

***OFFICIAL USE ONLY ***				
RECEIPT INFORMATION:	Date Received:	Received By:	Fee Collected: \$ _____	Check Cash Other _____
Health Officer/Designee Approval				Date: _____
Comments:				