



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

Health Division

Main Office (973) 796-1975
Health Officer (973) 796-1993
Health Inspectors (973) 292-6713
(REHS) (973) 796-1804
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

VENDING MACHINE LICENSE APPLICATION

Please complete all fields. You must submit a copy of your driver's license or a government-issued photographic identification with this application.

TYPE OF APPLICATION	LICENSE FEE		BLOCK & LOT
<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	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	

Important Information

- A license is required for each vending machine operated (food, beverage, candy, etc.) within the Town of Morristown.
- Licenses are valid from July 1st through June 30th of the 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 August 1st for all delinquent payments. License fees are not prorated.
- License is valid for one (1) address location.
- Please visit www.townofmorristown.org for the complete Town of Morristown ordinance.
- If you have questions regarding your license or if you have permanently removed vending machines from a previously licensed location, please contact the Health Division at 973-796-1975.

SECTION 1. Vending Machine Information

Trade Name _____

Business Owner Name(s) _____

Business Owner Home/Mailing Address _____

Business Owner Phone # _____

Business Owner Email _____

Total # of Non-time/Temp Controlled Machines _____

Total # of Time/Temp Controlled Machines _____

Food/Beverage Sold _____

Food Supplier _____

Vending Machine Location

NAME OF BUSINESS WHERE VENDING MACHINE IS LOCATED	
NUMBER AND STREET ADDRESS WHERE VENDING MACHINE IS LOCATED	CITY, STATE, ZIP CODE
LOCATION(S) OF VENDING MACHINE (i.e. inside/outside of building, break room, floor #, unit #, etc.)	

Property Owner Information

Applicants must provide information on the property owner. In the event of an emergency (i.e. fire, sewage backup, disruption in utilities) and the business owner cannot be reached, the property owner may be contacted.

PROPERTY OWNER NAME	
MAILING ADDRESS, NUMBER AND STREET	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS

SECTION 2. Certification & Signature

In consideration of the issuance of this license, applicant agrees to comply at all times with the Statutes, Ordinances, Rules, and Regulations of the New Jersey Department of Health and the Town of Morristown. Applicant further agrees that legal action may be taken for non-compliance of State and Town laws along with the suspension or revocation of such license.

APPLICANT PRINTED NAME	TITLE/POSITION
APPLICANT SIGNATURE	DATE

***OFFICIAL USE ONLY ***			
Date Received	Received By	Fee Collected	Form of Payment