



License # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Amount Rec'd. \_\_\_\_\_  
Check# \_\_\_\_\_ Receipt# \_\_\_\_\_

## TOWNSHIP OF PLAINSBORO

OFFICE OF THE TOWNSHIP CLERK  
641 PLAINSBORO ROAD  
PLAINSBORO, NJ 08536  
609-799-0909 ext. 2547

### FOOD/BEVERAGE VENDING MACHINE LICENSE APPLICATION

Establishments containing vending machines dispensing food or food products, including beverages

*(Please type or print out the application clearly. Incomplete applications may be returned.)*

Date \_\_\_\_\_

**LICENSE FEE: \$50.00 per establishment, plus \$10.00 per machine**  
**Please make check payable to: Plainsboro Township**

Vendor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Name and Address of Business Location Where Vending Machine is Located:**

Name of Business Location \_\_\_\_\_

Address of Business Location \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Number of Machines at Establishment: \_\_\_\_\_ Type of Vending Machine(s): \_\_\_\_\_

Exact Location in Building for Machine: \_\_\_\_\_

Manufacturer of Machine: \_\_\_\_\_ Serial # of Machine: \_\_\_\_\_

**\*Please make duplicate copies of this application form for each vending machine**

Application Approved by Inspector Name: \_\_\_\_\_  
Representative, Plainsboro Township, Middlesex County Health Dept.

**\*\*Licenses are sent directly to the local establishment and shall be conspicuously posted\*\***

**\*\*\*Please Note: If said annual fee is not paid within 30 days of its due date, the fee shall be doubled, and shall double each 30 days that the fee remains unpaid.\*\*\***