



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.*****