

**Town of Dover**  
**Department of Health**  
**37 N. Sussex Street**  
**Dover, NJ 07801**

(973) 366-2200 ext. 1120      FAX: (973) 366-6167

**Vending Machine License Application**

[Please print or type; incomplete or illegible forms will be returned.]

I hereby apply for a license to dispense food and/or beverages from a mechanical vending machine in the Town of Dover, and submit the following information for your consideration:

1. Name of business where machine is located: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name of Vending Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Type/s of food dispensed: \_\_\_\_\_ No. of Vending Machines : \_\_\_\_

The information contained in this application is accurate to the best of my knowledge. I agree that in the event this license is granted, I will abide by and comply with all applicable laws, ordinances, codes and regulations of the State of New Jersey and the Board of Health of the Town of Dover, with full knowledge that failure to comply as stated herein may result in the revocation of this license, or the imposition of such other penalties provided by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Phone Number

**License fee is \$20.00 for each vending machine**

Please mail a check or money order made payable to the Town of Dover with your completed application to:

**Town of Dover Health Department**  
**37 N. Sussex Street**  
**Dover, NJ, 07801**

Please call the Health Department at (973) 366-2200, ext. 1120 for more information.

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

FEE REMITTED:

DATE:

LICENSE #: