## TOWNSHIP OF MOUNT OLIVE VENDING MACHINE APPLICATION

ESTABLISHMENT NAME:		OWNER:	
ADDRESS:		PHONE#	
VENDORS NAME:		CONTACT:	
ADDRESS:		PHONE#	
LIST BELOV	V THE TYPE OF VENDING MACHINE, TH	HE LOCATION & THE PRODUCTS SOLD:	
TYPE OF VE	NDING MACHINES:		
#1 – Non –	potentially hazardous snacks		
#2 – Non –	potentially hazardous drinks		
#3 – Foods	requiring refrigeration or hot holding.		
#4 – Drinks	requiring refrigeration or hot holding		
control bec		is natural or synthetic and that requires temperature ing the rapid and progressive growth of infectious or	
TYPE(#)	LOCATION OF MACHINE	PRODUCTS SOLD	
	PPLICATION AND PAYMENT TO:	CONTACT #	
	ve Township Health Department	973-691-0900 Ext. 7359	
Box 450	N L 07020		
Budd Lake,	N.J. U/828		

FEE: \$30.00 – Per Establishment \$15.00 – Per Vending Machine