



**BOROUGH OF ALLENDALE**  
500 West Crescent Avenue, Allendale, NJ 07401-1792

BOARD OF HEALTH

(201) 818-4400 Ext. 211  
FAX: (201) 825-1913

Date: \_\_\_\_\_

**VENDING MACHINE OWNER/OPERATOR:**

Enclosed you will find application/s for the year \_\_\_\_\_ Vending Machine Licenses. In accordance with Allendale Ordinance #749, Section 51-9, all food vending machines (including Candy, Gum and Soda) must be licensed in the Borough of Allendale. The Ordinance does not have any provisions for a fee waiver for "Charity" machines.

ANNUAL LICENSE FEES ARE AS FOLLOWS:

**GUMBALL TYPE MACHINE**

1<sup>ST</sup> Slot \_\_\_\_\_ \$15.00  
- Each additional slot \_\_\_\_\_ 5.00  
Soda, Snack, Coffee or other non-potentially hazardous food \_\_\_\_\_ \$25.00  
Sandwiches, Milk, Ice Cream or other potentially hazardous food \_\_\_\_\_ \$35.00

Please fill out the enclosed form/s for each location having a machine. If additional forms are needed, please make photocopies or call our office:

Enclose a check for the correct fee and make same payable to **BOROUGH OF ALLENDALE**.

All applications received after **JANUARY 10<sup>TH</sup>** will be assessed a **PENALTY OF \$10.00 PER MACHINE**.

You will receive a license sticker to affix to each machine.

If you have any questions, please call between 9:00 a.m. - 4:30 a.m.

Thank You

Health Inspector  
Borough of Allendale

ALLENDALE BOARD OF HEALTH

APPLICATION FOR A FOOD VENDING MACHINE LICENSE

1. License fee's are due upon receipt of the attached notice and this application.
2. The License will expire on **December 31<sup>st</sup>** and must be renewed by that date.
3. A license must be obtained before vending machine is installed.  
You will receive a license sticker to affix to the machine.

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Name of Applicant

Establishment where machines are located

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Corporate Name

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Address

Business Telephone No.

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Town

State

Zip

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Home Telephone No.

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VENDING MACHINE INFORMATION:

Location of Machine within the establishment: \_\_\_\_\_

Type of Food Vended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Machines: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

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