

Borough of Franklin Lakes
Board of Health
480 DeKorte Drive
Franklin Lakes, NJ 07417
201-891-0048, Extension 5
Fax No. 201-891-0101

**Application for a Vending Machine License Dispensing Food/Beverages
\$50.00 per Vending Machine**

Name of the vending machine company _____

Address _____

Telephone number _____

Fax machine number _____

Owner's name _____

Address _____

Telephone number _____

The name of the establishment the machine(s) will be located at _____

The address of the establishment _____

The total number of vending machines that will occupy the establishment during the year _____

List the types of food/drinks sold in each vending machine (candy, soda, sandwiches, etc.) _____

Names, addresses and telephone numbers of the wholesalers/suppliers you purchase food from _____

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant _____

Date _____

