



VENDING MACHINE LICENSE APPLICATION

ESTABLISHMENT INFORMATION

Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> S Corp <input type="checkbox"/> Publicly Traded Corp		
Type of Vending Business: <input type="checkbox"/> Beverage <input type="checkbox"/> Pre-Packaged foods <input type="checkbox"/> hot or cold foods		Application Type: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
Business Name:		New Businesses only-Expected Opening Date:
Business Address:		
Business Phone:	Fax:	Email:
Manager/Contact Name:		
Manager Mailing Address:		
Phone:	Fax:	Email:

VENDING MACHINE LOCATIONS

List of business names and addresses of each vending machine placement, number of machines and type of food product (ie 5 machines, 2 soda, 3 snack). This must be completed in full to receive a license. Attach a sheet as necessary.

Name:	Address:
Amount:	Type:
Name:	Address:
Amount:	Type:
Name:	Address:
Amount:	Type:
Name:	Address:
Amount:	Type:
TOTAL NUMBER OF VENDING MACHINES:	TOTAL DUE (\$25 x # of VENDING MACHINES):

BUSINESS OWNER INFORMATION

Owner Name:		
Home Address:		
Phone:		Email:

BILLING INFORMATION

Mailing Address:		
Phone:	Fax:	Email:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name and Title:
Emergency Contact Cell Phone:

FEES: \$25 per vending machine

“In making this application, I hereby declare that I understand and will comply with all of the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey, and that under penalty of perjury, the statements and documents constituting any part of this application are true, correct and complete to the best of my knowledge.”

Applicant's Signature:	Title:
Print Name:	Date:

FEES

Establishment with Seating			Supermarkets		Miscellaneous-No Seating	
Group #	Seating Capacity	Fee	<input type="checkbox"/> Up to 5,000 sq. feet	\$ 1,000	<input type="checkbox"/> Non-profit Org.	\$ 60
			<input type="checkbox"/> Over 5,000 sq. feet	\$ 2,000	<input type="checkbox"/> Farmer's Market (outdoor)	\$ 85
<input type="checkbox"/> Group 1	0-50 seats	\$ 200	Extensive Remodel (All Establishments)		<input type="checkbox"/> Mobile Retail Food	\$ 150
<input type="checkbox"/> Group 2	51-100 seats	\$ 400			<input type="checkbox"/> Vending (per machine)	\$ 25
<input type="checkbox"/> Group 3	101-200 seats	\$ 500			<input type="checkbox"/> Other	\$ 100
<input type="checkbox"/> Group 4	201 or more seats	\$ 600				
			<input type="checkbox"/> Floor Plan review	\$ 200		

ADDITIONAL REQUIREMENTS

Checkmark as applicable; The following establishment types must submit proof of the following:

New businesses (All types)

- Employer Identification Number (EIN), Tax ID card, or Government issued Identification
- Declaration of Insurance for Product Liability
- Certificate of Occupancy (COO) from the Building Department.
- Copy of floor plans for any extensive renovations or changes to the retail food establishment must be submitted to this office. This office has up to thirty (30 days) to review and follow up. Please contact our office for more information.

ADDITIONAL REGULATIONS

- Applicants are strongly encouraged to review any applicable local ordinances for your establishment. Please contact our office if you wish to receive a copy
- Licenses are **not** transferrable. Any change in ownership or mailing address must be reported to the Health Department and new owner must apply to the Secaucus Health Department for a new license to do business.
- Emergency contact for your establishment must be a knowledgeable manager or owner who will be available in the event of an emergency.