

CARLSTADT HEALTH DEPARTMENT

500 Madison Street
Carlstadt, NJ 07072
201-531-7182
201-362-1942

Application 2020

TO WHOM IT MAY CONCERN:

As set forth in Carlstadt Health Department Ordinance BH-1-00 there is an annual charge for **VENDING MACHINES** on the premises. (See price listing below.) Please fill in all pertinent information and return this form along with your check to the Carlstadt Health Department, attention Hernan Lopez, Board Secretary. If you have any questions, please feel free to call the number listed above.

BILLING ADDRESS

COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____
E-MAIL: _____

MACHINE LOCATION

COMPANY NAME: _____
ADDRESS: _____
TELEPHONE #: _____

KINDLY CHECK (_____) IF YOU DON'T HAVE NO MACHINES AT THE PRESENT TIME.

IT IS YOUR COMPANY'S RESPONSIBILITY TO ADVISE THE CARLSTADT HEALTH DEPARTMENT WHEN VENDING MACHINES ARE INSTALLED OR REMOVED.

FEEES FOR VENDING MACHINES ARE AS FOLLOWS:

		<u># of Machines</u>
First Machine at a location	\$ 50.00	_____
Each Additional Machine Containing Packaged Foods	\$ 25.00	_____
Each Additional Machine Containing Prepared Foods	\$ 50.00	_____
	Total	\$ _____

****MAKE CHECK PAYABLE TO THE CARLSTADT HEALTHDEPARTMENT ****

Health Department Use Only

Cash/Check #: _____ Amount: _____ Date Paid _____ License # _____