



**BOROUGH OF CARLSTADT**

**Health Department**  
Memorial Municipal Building  
500 Madison Street  
Carlstadt, NJ 07072

**Vending Machine Permit Application**

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 MACHINES AT THE PRESENT TIME.**

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

FEES FOR VENDING MACHINES ARE AS FOLLOWS:

	<u># of Machines</u>
First Machine at a location	\$ 35.00 _____
Each Additional Machine Containing Packaged Foods	\$ 20.00 _____
Each Additional Machine Containing Prepared Foods	\$ 25.00 _____
Total	\$ _____