

BOROUGH OF WHARTON ADMINISTRATIVE OFFICES

10 ROBERT STREET, WHARTON, NJ 07885-1997 973-361-8444 / Fax: 973-361-5281

<u>APPLICATION FOR VENDING MACHINE LICENSE</u> <u>FEE \$10.00 PER MACHINE</u>

ESTABLISHMENT NAME:		
OWNER'S NAME:_ (CORPORATION/PARTNE	RSHIP IF APPLICABLE)	
ADDRESS OF ESTABLISHM	MENT:	
TELEPHONE NUMBER:_		
NUMBER OF VENDING M	ACHINES:	
TYPE OF VENDING MACH (MERCHANDISE BEING S		
ARE MACHINES OWNED	BY THE FIRM:	
IF YES, NAME AND TITLE	OF INDIVIDUAL RESPONSIBI	LE:
NAME	TITLE	TELEPHONE NUMBER
IF NO, NAME AND ADDRE	ESS OF CONCESSIONAIRE:	
conformance with the purpose	se, I(we) hereby agree at all times tes, intent and provisions of the veneg to the conduct of such business.	ding machine ordinance and statutory laws of
Date	Signature	
of the purposes, intent and pro	ovisions of the vending machine or	ded or revoked by the Borough upon violation dinance and statutory laws of the State of s must be applied for and paid before January
BOROUGH USE ONLY: LI	CENSE #	DATE
APPROVED		HEALTH INSPECTOR