FOR OFFICE USE ONLY

License Number:_____ Fee:_____ Date of Issue:_____

TOWNSHIP OF HANOVER HEALTH DEPARTMENT
P.O. BOX 250, 1000 ROUTE 10
WHIPPANY, NEW JERSEY 07981
Tel: (973) 515-6667 Fax: (973) 515-3772

Application for a License to:

Sell and Distribute Food and/or Drink through Vending Device(s) in the Township of Hanover.

Application is hereby made for license and permit for vending devices (machines and/or honor snack boxes) within the Township of Hanover, NJ; and **the fee of $20.00 for each device and $100.00 for a permit** is submitted herewith. Hospitals, churches, schools not operated for profit, and any organization, society, or group whose purpose does not include profit are exempt from the fee.

New Application ☐ Renewal ☐

Date _____20____ Fee Enclosed _____

I. About the Business

Trade Name of Business:	
Business Address:	
Contact Information Phone:	FAX:
E-Mail:	

II. About the Ownership

Is the business owned by a	Corporation ☐ Partnership ☐ Individual ☐
Name of the corporation, or partnership	
List the names, titles and business addresses of the corporate officers, partners, or individual owner(s)	
Contact Information Phone: E-mail:	_____Fax:_____
If a corporation, in what state is the business incorporated:	

III. Operation of the vending devices

	Yes	No	Not applicable
Are potentially hazardous foods (i.e. sandwiches, dairy products, or foods containing meats, poultry, fish, etc.) sold in vending devices?			_____
Are accurate thermometers used to monitor potentially hazardous food temperatures?			
Are vending devices directly connected to any potable water supply lines? If yes complete *part IV* below.			

IV. Backflow prevention

Describe the method of backflow prevention used to prevent the contamination of potable water supplies. If possible, provide manufacturer name and model number of devices used:

V Sources of food

Furnish the name and address of the food supplier(s). Specify supplier(s) of potentially hazardous food with an *:

Furnish the name and address of storage sites other than supplier(s): Note that private residences may not be used for storage of food items unless approved by a local or state Health Department.

VI Location of Vending Machines in Hanover Township (Whippany, Cedar Knolls, Morristown Airport)

This sheet must be filled out for each facility where vending devices (machines and/or honor snack boxes) are located. All devices at one location should be listed on one page. This form may be photocopied for each facility that contains vending devices.

Facility Name where devices are located:	
Facility Address:	

Machine ID #	Machine Type	Type of Products Dispensed

Certification of Application

In consideration of such license, I hereby agree at all times to conduct the said premises and food and beverage vending devices in conformance with the provisions of the Food and Beverage Device ordinance, Food Handling Establishment Ordinances, other ordinances of the Health Department, the amendments and supplements thereto, and other ordinances of the municipality and Statutory laws of the State of new Jersey relating to the conduct of such business.

NOTE: Operators shall obtain approval of the Health Department before changes in the operation involving new types of vending machines, or conversion of existing machines to dispense products other than those for which the original license was issued. This regulation also applies to any changes of location of existing machines within this municipality, and any changes of commissary service, or transportation facilities.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

_____
Print Name of Applicant

_____
Signature of Applicant

_____
Print Title of Applicant