

**CARLSTADT BOARD OF HEALTH**

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

**Application 2015**

**TO WHOM IT MAY CONCERN:**

As set forth in Board of Health Ordinance BH1-00 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 Board of Health, attention Hernan Lopez, Board Secretary. If you have any questions or would like to have a copy of Ordinance BH1-00 please feel free to call the number listed above.

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**BILLING ADDRESS**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**MACHINE LOCATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

KINDLY CHECK (\_\_\_\_\_) WE HAVE NO MACHINES AT THE PRESENT TIME.

**IT IS YOUR COMPANY'S RESPONSIBILITY TO ADVISE THE CARLSTADT BOARD OF HEALTH 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	\$ _____

**\*\*MAKE CHECK PAYABLE TO THE CARLSTADT BOARD OF HEALTH\*\* DO NOT COMBINE THIS FEE WITH ANY OTHER BOROUGH FEES**

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**Health Department Use Only**

Cash/Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid \_\_\_\_\_ License # \_\_\_\_\_