



Somerset County Department of Health
27 Warren Street, Somerville, NJ 08876
P.O. Box 3000
Phone (908) 231-7155 | Fax (908) 704-8042



Application for Food & Beverage Vending Machines

Please make checks payable to Somerville Division of Health and mail to: 25 West End Ave, Somerville, NJ 08876.
See below for annual fee amounts.

☐ New Application

☐ Renewal

Vending Machine Owner: _____

Date: _____

Address: _____

Phone #: _____

Machine Location: _____ (Name of Establishment or Company)

Address: _____

Phone #: _____

Name of Person / Company Responsible for Servicing Machines:

Address: _____

Phone #: _____

For Official Use Only

LICENSE # _____

CHECK # _____

FEE PAID _____

Type of Vending Machine: (List how many of each type at this location)

_____ Refrigerated Food _____ Milk _____ Ice Cream _____ Coffee

_____ Candy / Snack _____ Soda / Cold Beverages _____ Other (specify)

Annual Fees:

License Fee – \$20 per year

Permit Fee –

- \$15 per unit per year for vending machines (full service)
- \$10 per unit per year for “limited service” vending machines (soda, candy, and snacks).

The Health Department must be notified in writing if any vending machines are added to or removed from above stated location. Licenses are non-transferable.

I, _____ (print name), hereby apply for a license to operate a food and/or beverage machine and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating food and beverage vending machines. I further understand that this license is not transferable and may be revoked upon violation of these codes.

Signature: _____