

# Carteret Health Department

MEMORIAL MUNICIPAL BUILDING  
61 COOKE AVENUE  
CARTERET, NEW JERSEY 07008  
732-541-3890  
Fax: 732-541-8925

DAVID A. PAPI  
County Health Officer

THOMAS SICA  
President  
YOLANDA DELGADO  
Vice President

MARY ANN CHUBENKO  
Board Secretary

SUSAN NAPLES  
BARBARA BOHANEK  
LINDA KIMBALL  
Board Members

VENDING MACHINE LICENSE (a) Dealer license: \$100.00  
(b) Each Vending Machine: \$15.00

ELLEN K. RANSELL  
Director

DIANE C. KISH  
Administrative Assistant  
CMRegistrar

JUDITH FRABASILE  
Secretary  
Deputy Registrar

\_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL  
DATE \_\_\_\_\_

TRADING AS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL NO \_\_\_\_\_

OWNER/S \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_  
BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL NO \_\_\_\_\_

OWNER/S \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

MACHINE (s) AT: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_

NAME/ADDRESS: \_\_\_\_\_

TYPE OF MACHINE:	HOW MANY	AT
CANDY	_____	_____
PASTRY	_____	_____
COLD BEVERAGE	_____	_____
HOT BEVERAGE	_____	_____
MILK	_____	_____
CANNED FOOD	_____	_____
ICE CREAM	_____	_____
GUM	_____	_____
SANDWICHES	_____	_____
OTHER _____	_____	_____

I, HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS IMPOSED BY THE CARTERET HEALTH DEPARTMENT AND NOTICES AS MAY BE ISSUED BY THE HEALTH OFFICER OR AGENT.

\_\_\_\_\_  
SIGNATURE