

CITY OF EAST ORANGE
LICENSE DIVISION
VENDING MACHINE APPLICATION

LICENSE NUMBER _____

FEE: \$ 40.00 PER MACHINE Date _____

Name of Applicant _____

Home Address of Applicant _____

Home Phone Number _____

Trade Name of Business _____

Address of Business _____

Business Phone Number _____

Cell Phone Number _____

Name of License Location _____

Address of License Location _____

FILL IN THE NUMBER OF VENDING MACHINES ON PREMISE

Soda _____ Coffee _____ Candy _____ Toys _____

DVD's _____ Detergent _____ Other _____

AFFIDAVIT

State of New Jersey
County of Essex
City of East Orange

_____ says that he/she is the individual
(name of individual)
making the application for a vending machine license and that the
answers to the questions contained therein are true.

Subscribed and sworn before me this _____ day of _____
20____.

Signature of Applicant

Signature of Notary