

**BOROUGH OF SOUTH RIVER  
MIDDLESEX COUNTY  
N.J.**

\_\_\_\_\_  
(Date Filed)

**VENDING MACHINE APPLICATION:**

**TYPE OF APPLICATION:** OPERATOR ( )  
DISTRIBUTOR ( )  
OPERATOR/DISTRIBUTOR ( )

**NAME & ADDRESS OF APPLICANT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ TEL. NO: \_\_\_\_\_

**OWNER:** If Corporation, following information required for each officer, director, stockholder holding more than 10% stock:

Name & Address, Date of Birth, Social Security Number, Driver's License, and Telephone Number.

**OPERATORS:** Supply same information as above for each employee.

**REGISTERED AGENT:** Name, address and telephone number

**LOCATION:** \_\_\_\_\_ Street/Avenue.

Square footage: \_\_\_\_\_ ( \_\_\_\_\_ L x \_\_\_\_\_ W)

**MACHINE(S):** AMUSEMENT: \_\_\_\_\_ @ \_\_\_\_\_ (See fee Schedule)  
MUSIC: \_\_\_\_\_ @ \_\_\_\_\_  
\_\_\_\_\_ total

**DESCRIPTION OF EACH MACHINE:** MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
SERIAL NO. \_\_\_\_\_  
(Owners of machines need to supply proof of ownership)

**WAIVER:** Applicant submit request for waiver? (YES) (NO)

**DESCRIBE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>REFERRED TO:</b>	<b>RECOMMENDATION(S)</b>
ZONING OFFICER: _____	_____
CHIEF OF POLICE: _____	_____
FIRE PREVENTION: _____	_____

DATE REC'D: \_\_\_\_\_  
FEE REC'D: \_\_\_\_\_  
DATE APPROVED COUNCIL: \_\_\_\_\_

**LICENSE NUMBERS ISSUED:** \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_