



# Township of Ocean

Monmouth County  
399 Monmouth Road  
Oakhurst NJ 07755-1589  
732-531-5000  
742-531-7696 FAX

Office Use Only

Date Issued: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Check # \_\_\_\_\_

## VENDING MACHINE PERMIT - \$50.00 per machine

Date of Application: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

Billing Address if different than owner: \_\_\_\_\_  
\_\_\_\_\_

Billing Address Telephone: \_\_\_\_\_

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Number of vending Machines: \_\_\_\_\_ @ \$50.00 each = \$ \_\_\_\_\_ enclosed

Please complete and return the enclosed listing of vending machines.

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Please return this completed form  
and permit fee to:

Township of Ocean  
Attn: Laura Dorony  
399 Monmouth Road  
Oakhurst NJ 07755-1589

# VENDING MACHINES

# of Machines \_\_\_\_\_  
Business \_\_\_\_\_  
name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

# of Machines \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

# of Machines \_\_\_\_\_  
Business \_\_\_\_\_  
name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

# of Machines \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

# of Machines \_\_\_\_\_  
Business \_\_\_\_\_  
name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

# of Machines \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

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Business \_\_\_\_\_  
name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_

# of Machines \_\_\_\_\_  
Business name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of \_\_\_\_\_  
machine \_\_\_\_\_  
Item Cost \_\_\_\_\_  
\_\_\_\_\_