

**FOOD / BEVERAGE VENDING MACHINE  
ANNUAL PERMIT APPLICATION**

Please make check payable to: Borough of New Providence

Fee: \$26.00 PER machine.

\*A late fee of \$50.00 per month will be charged if not paid by January 31, 2016\*

*Please print clearly*

Name of Establishment: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does the Establishment offer any massage services? (circle one)      YES      NO

If yes, does the area where the massage occurs, either temporarily or permanently,  
cover less than 20 percent of the gross floor area of the principle use? (circle one)

YES

NO

Is there a licensed Massage Therapist on premise? (circle one)      YES      NO

If yes, please provide their full name: \_\_\_\_\_

**NOTE:** MASSAGE THERAPISTS MUST APPLY  
FOR MASSAGE THERAPIST ANNUAL PERMIT

Number of Machines: \_\_\_\_\_

Fee submitted: \$ \_\_\_\_\_  
(# of machines x \$26.00)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Payment received \_\_\_\_\_ Date received \_\_\_\_\_ Permit # \_\_\_\_\_