

Ronald J. Kirk, CPM  
Director of  
Community Development

**Township of  
Ocean**  
Monmouth County  
399 Monmouth Road  
Oakhurst NJ 07755-1589



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

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

Please complete and return the enclosed listing of vending machines.

**Please return this completed form  
and permit fee to:**

**Township of Ocean  
Attn: Donna Oates  
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

# of Machines

Business

name

Address

Type of

machine

Item Cost

# of Machines

Business name

Address

Type of

machine

Item Cost