

**FRANKLIN BOROUGH  
COIN OPERATED AMUSEMENT DEVICE AND  
VENDING MACHINE LICENSE APPLICATION**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

4. PLACE WHERE COIN OPERATED AMUSEMENT DEVICE OR VENDING MACHINE (hereinafter referred to collectively as "machine") IS TO BE INSTALLED (If additional space is needed attach separate sheets. Also attach separate drawing sheet(s) showing exact placement of each machine at each location where machine(s) will be installed.):

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

5. TYPE OF MACHINE TO BE INSTALLED AT THE ABOVE LISTED LOCATION ( Soda, Candy, Snack, Hot Beverages, etc.)

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

5. HAS APPLICANT'S MACHINE OR OTHER MUNICIPAL LICENSE BEEN REVOKED OR SUSPENDED EITHER IN THE BOROUGH OF FRANKLIN OR ANY OTHER MUNICIPALITY WITHIN THE STATE OF NEW JERSEY WITHIN THE LAST FIVE YEARS? IF SO, EXPLAIN THE CIRCUMSTANCES SURROUNDING THE SUSPENSION OR REVOCATION.

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

6. STATE THE NAME OF THE INDIVIDUAL RESPONSIBLE FOR MAINTENANCE AND RESTOCKING OF THE MACHINE(S).

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

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

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

7. IS APPLICANT A NON-PROFIT ENTITY EXEMPT FROM PAYMENT OF THE LICENSING FEE PURSUANT TO FRANKLIN BOROUGH ORDINANCE §201-7? IF SO, STATE THE BASIS FOR THE EXEMPTION AND ATTACH TO THIS APPLICATION PROOF OF SUCH CURRENT NON-PROFIT STATUS.

---

---

---

CURRENT NON-REFUNDABLE APPLICATION FEE OF \$25.00 MUST BE SUBMITTED WITH APPLICATION. THE ADDITIONAL LICENSE FEE OF \$100.00 PLUS \$25.00 PER MACHINE MUST BE SUBMITTED UPON APPROVAL OF THE APPLICATION.

APPLICANT ACKNOWLEDGES THAT APPLICANT HAS READ THE FRANKLIN BOROUGH ORDINANCE CHAPTER 266 CONCERNING MACHINE LICENSING WITHIN THE BOROUGH OF FRANKLIN AND AGREES TO ABIDE BY THE TERMS OF THE ORDINANCE.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



(FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW LINE)

Date application received: \_\_\_\_\_

Received by: \_\_\_\_\_

License fee received (amount): \_\_\_\_\_

Approved by:

	<b>APPROVED</b>	<b>REJECTED</b>	<b>INITIALS</b>	<b>DATE</b>
Chief of Police				
Health Inspector				
Construction Department				
Zoning Official				

State reasons for rejection and also sign and date form: \_\_\_\_\_

License Issued (date): \_\_\_\_\_ License Number: \_\_\_\_\_

Issued by (signature): \_\_\_\_\_