

B E P APPLICATION FOR VENDING FACILITY

Revised November 2004

Vending Facility Name _____

Vending Facility Number _____

ADMINISTRATIVE USE ONLY
U S Mail Postmark Date

Facsimile _____
In Person _____
Other Courier _____
Initials _____

PLEASE SELECT ONE BOX ONLY: Primary OR Enterprises

Vending facilities are available to all licensed vendors in the Business Enterprises Program who meet the following conditions:

_____ Vendors must have operated their present facility for a period of SIX MONTHS. NOTE: The 6-month period is determined from the date of facility takeover (date of first customer transaction) to the closing date of the Location Announcement.

_____ Vendors MUST NOT have delinquent fees, penalties, insurance payment, or loan payments owing to B.E.P. **Vendors must have all delinquencies to B.E.P. paid seven (7) calendar days prior to the Selection Committee.**

Please answer the following questions:

1. I have operated my present facility for a t least six months.
_____ YES _____ NO
2. As a vendor, I have delinquent fees, penalties, insurance payments or loan payments owing to B.E.P.
_____ YES _____ NO

Vendors who have operated a vending facility need not answer question 3.

3. I am a certified licensed vendor but have NOT operated a vending facility since being licensed.
_____ YES

I understand that if selected, the above information may be verified by the B.E.P. within 30 days. If the information is incorrect, I may be disqualified and the facility will be offered to another applicant.

DATE: _____ PRINT NAME: _____

SIGNATURE: _____

MAILING ADDRESS: _____

TELEPHONE: (HOME) _____ (BUS) _____