Massachusetts Bay Transportation Authority Retail Pushcart Program Application 2014 - 2015 Vending Program

Applicant / Business Owner's N	Name:		Date of Birth:		
Home Address:					
			State & ZIP:		
Previous Residential Address: _ (If less than two years at presen					
Home Phone:	Cell Phone:		Email:	_	
Registered Business Name:					
City:					
Fax Number:	Date Register	ed as a Busine	ess: City:		
Federal Tax ID#:	MA Tax ID#: _		SS#:		
Do you hold a MA Hawkers an	d Peddlers License?		If yes, License #:		
Have you ever had a vending license with the MBTA?					
Location (s):			When:		
Are you the sole owner of the v	ending business?				
(If not, list the names, addresses	s and telephone numbers of	all partners o	on a separate sheet)		
Will you operate the pushcart?_		Will you have	e employees?		
Expected number of employees	? <u> </u>	_Proposed ho	ours of operation?		
Preferred location?		Pushcart	*Mobile Food Unit		
AND ACCURATE. I UNDER	RSTAND THAT IF ANY 1	INFORMATI	I'ION PROVIDED ON THIS APPLICATION IS TRI 'ION IS FOUND FALSE, OR MISLEADING. THA' THE MASSACHUSETTS BAY TRANSPORTATIO	ГΙ	
	VIOLATING ANY OF	THE RULE	GULATIONS OF THE MBTA PUSHCART PROGRA ES AND REGULATIONS MAY RESULT IN TI DN MBTA PROPERTY.		
APPLICANT'S SIGNATURE:			DATE:		
PRINT NAME:					

*Mobile Food unit carts must contain a sink with hot and cold water and "No Propane Permitted on Property or in Food Mobile Trucks"

MBTA Pushcart Program Application

Product List

List <u>all</u> items you propose to sell on your pushcart. You are **NOT guaranteed approval for all items listed.** You are restricted to selling only the products that are approved by the MBTA. Please be specific about products, design features, and name brands. Your cart will be inspected for compliance with your approved product list. **If you wish to add more items to your product list throughout the year, you must submit a written request to the MBTA.** You cannot add new items until you receive permission from the MBTA. Doing so will result in a violation of your license agreement and you will be subject to termination. Separate product lists must be completed for each pushcart application.

Product	<u>Source</u>	Price Range	Approved
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20.			
Applicant's Signature:		Date:	
MDTA Authorized Sizes		D-4	
MBIA Authorized Signature:		Date:	

MBTA Pushcart Program Application

Please provide a complete list of **all** electrical equipment and appliances, including fans, heaters. radios, etc., that you will use while operating your business. Your cart will be inspected for compliance with the listed items. If you are found using additional electrical appliances, you will be in violation of your license agreement and will be subject to termination.

References

List three (3) business references and one (1) bank or landlord reference. Provide name of business, first and last name of reference, phone number, and numbers of years known by reference.

Business Name	Reference Name	Phone#	Years Known

Pushcart Presentation

Please submit the following:

- 1. Dimensions of your pushcart. (i.e., length, width and height) Food carts must include the dimensions that the entire business occupies.
- 2. Two (2) color photographs of your pushcart displaying all of your products and display features.

Documentation

Please submit the following:

- 1. One (1) copy of each of the licenses and/or permits required by the city or town to operate your business.
- 2. One (1) copy of a government-issued photographic identification card. (i.e. MA Driver's License, MA Identification Card. Military Identification Card, Green Card, Passport).

Liability Insurance

All vending businesses are required to obtain liability insurance in the amount of One Million (\$1,000,000) Dollars that lists the MBTA as an additionally insured. Insurance should be obtained only after you are notified of your license approval.