

# Massachusetts Bay Transportation Authority

## Pushcart Program Application January, 2008

BUSINESS NAME or D/B/A: \_\_\_\_\_

OWNER'S NAME (PLEASE PRINT): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER(S): 1. \_\_\_\_\_ (home)

2. \_\_\_\_\_ (work)

3. \_\_\_\_\_ (cell)

4. \_\_\_\_\_ (e-mail)

FEDERAL I.D. NUMBER: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_

PRESENT RENT, if applicable \_\_\_\_\_

DO YOU OWN OR RENT YOUR PUSHCART: \_\_\_\_\_

PROPOSED HOURS OF OPERATION: \_\_\_\_\_

\_\_\_\_\_

EXPECTED NUMBER OF EMPLOYEES: \_\_\_\_\_

HOW WILL PRODUCT/SERVICE ACCOMMODATE THE NEEDS OF THE MBTA

RETAIL MARKET? \_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR SPECIFIC EXPERIENCE IN RETAIL, FOOD SERVICE OR

VENDING BUSINESS. \_\_\_\_\_




LIST MBTA LOCATION(S) WHERE YOU PROPOSE TO OPERATE:

---

---

---

---

---

LIST ALL ELECTRICAL EQUIPMENT AND APPLIANCES YOU WILL USE:

---

---

---

---

---

WILL YOUR BUSINESS REQUIRE ADDITIONAL STORAGE BEYOND THE LIMITS OF YOUR PUSH CART? PLEASE EXPLAIN \_\_\_\_\_

---

---

---

---

**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 years know for each reference.

BUSINESS NAME	REFERENCE NAME	PHONE #	YRS. KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH THE FOLLOWING TO THIS APPLICATION:**

1. COPY OF ANY REQUIRED PERMITS, INCLUDING HEALTH PERMIT IF SELLING FOOD.
2. ATTACH TWO (2) PASSPORT PICTURES AND A PHOTOCOPY OF A PICTURE ID. (i.e., Driver’s License, Mass ID, Passport)

3. TWO (2) COLOR PHOTOGRAPHS OF YOUR PUSHCART WITH PRODUCTS CLEARLY DISPLAYED. If you do not currently have a pushcart, include two color photographs showing your products and a color photograph or illustration of a pushcart similar to your proposed equipment.

**LIABILITY INSURANCE:**

All vending operations are required to obtain liability insurance in the amount of One Million (\$1,000,000.00) Dollars that lists the **MBTA** as an additional insured. Insurance should be obtained only after notification of a license has been approved.

SIGNATURE OF APPLICANT

DATE

\_\_\_\_\_

\_\_\_\_\_

APPROVED BY:

DATE

\_\_\_\_\_

\_\_\_\_\_