

82ND - POWELL FOOD CARTS APPLICATION FORM

APPLICANT INFORMATION											
LAST NAME			FIRST NAME				M.I.				
STREET ADDRESS											
CITY			STATE				ZIP CODE				
D.O.B.			SS#				HOME PHONE				
CELL PHONE			EMAIL								
BUSINESS INFORMATION											
BUSINESS NAME											
STREET ADDRESS											
CITY			STATE				ZIP CODE				
BUSINESS PHONE				TAX ID #							
BUSINESS EMAIL				WEBSITE							
BUSINESS TYPE: CORPORATION/LLC - PARTNERSHIP - NON-PROFIT - SOLE OWNER - OTHER											
NUMBER OF EMPLOYEES:											
NAME					PHONE NUMBER						
NAME					PHONE NUMBER						
NAME					PHONE NUMBER						
BACKGROUND INFORMATION											
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN BELOW.							YES		NO		
CART INFORMATION											
CART DIMENSIONS - IF POSSIBLE, PLEASE ATTACH PHOTOS OF YOUR CART											
WITHOUT TONGUE		L		W		H					
WITH TONGUE		L		W		H					
REMOVABLE TONGUE		YES		NO							
CART HOURS - NEEDED TO DETERMINE CART PRESENCE THROUGHOUT THE WEEK											
MONDAY		:		AM/PM		TO		:		AM/PM	
TUESDAY		:		AM/PM		TO		:		AM/PM	
WEDNESDAY		:		AM/PM		TO		:		AM/PM	
THURSDAY		:		AM/PM		TO		:		AM/PM	
FRIDAY		:		AM/PM		TO		:		AM/PM	
SATURDAY		:		AM/PM		TO		:		AM/PM	
SUNDAY		:		AM/PM		TO		:		AM/PM	
WILL YOU BE SERVING FROM THE :			SIDE OF CART			BACK OF CART			BOTH		
IS THIS YOUR FIRST EXPERIENCE OWNING A CART?				YES		NO					
IF NO, WHERE IS YOUR OTHER CART(S) LOCATED?											
PROVIDE YOUR 1ST, 2ND, AND 3RD CHOICES FOR CART SPACE, REFERENCING THE LOT MAP.											
PLEASE NOTE THAT IF ALL 3 SPACES ARE TAKEN AT THE TIME OF APPLICATION, WE WILL CONTACT YOU TO DISCUSS ALTERNATE CART SPACES											
1ST:			2ND:				3RD:				

PLEASE ATTACH A MENU OR SEPARATE SHEET INDICATING THE TYPE OF FOOD OFFERINGS.

BE AS DETAILED AS POSSIBLE, INCLUDING THE PRICE OF ITEMS.

WE WILL REVIEW TO ENSURE THERE ARE NO DUPLICATIONS OF FOOD TYPES.

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PERSONAL REFERENCES		
1.NAME		PHONE
ADDRESS		
RELATIONSHIP		BEST TIME TO CONTACT
2.NAME		PHONE
ADDRESS		
RELATIONSHIP		BEST TIME TO CONTACT
EMERGENCY CONTACT		
NAME	PHONE	RELATION
NAME	PHONE	RELATION
OTHER INFORMATION		
QUESTIONS & CONCERNS:		
HOW DID YOU HEAR ABOUT 82ND - POWELL FOOD CARTS?		

I HEREBY CERTIFY THE INFORMATION PROVIDED TO 82ND - POWELL FOOD CARTS IS TRUE AND CORRECT AND AUTHORIZES 82ND - POWELL FOOD CARTS TO MAKE ANY INQUIRIES, CREDIT OR BACKGROUND INCLUDED, NECESSARY FOR APPLICATION PROCESSING. I UNDERSTAND AND ACCEPT ANY INFORMATION PROVIDED THAT IS FALSE OR UNTRUE SHALL BE GROUNDS FOR APPLICATION DENIAL AND/OR TERMINATION OF CART TENANCY EFFECTIVE IMMEDIATELY.

SIGNATURE

DATE