

Facility Number:	<b>Central Office BEP Use Only</b> Post Mail Date: _____ FAX Date: _____ Closing Date: _____
Facility Name:	
Facility Address:	

Applicant Name (Please Print):

Applicant Mailing Address:

Home Phone:	Business Phone:	Email Address:
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**Please answer the following questions:**

- I have operated my present facility for at least 183 calendar days.  
 Yes       No
- I do not have delinquent Vendor's Monthly Operating Reports or owe delinquent fees, penalties, or insurance payments to BEP.  
 Yes       No
- I am applying to operate this facility as:  
 An interim vending facility. (Applicable only if vending facility is announced as an interim vending facility.)  
 A primary vending facility only.  
 A satellite to be added to an existing vending facility.
- I understand that if selected, the information provided in this application is subject to verification by BEP. I further understand that information provided in my resume and statements made during my interview are subject to verification by the contracting agency. If the information is incorrect, I may be disqualified and the facility will be offered to another applicant.

Applicant Signature: 	Date:
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