

**VENDING FACILITY APPLICATION**

DR 462 (Rev. 07/07)

Facility Number:

Facility Name:

Facility Address:

**Central Office BEP Use Only**

Post Mail Date: \_\_\_\_\_

FAX Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Applicant Name (Please Print):

Applicant Mailing Address:

Home Phone:

Business Phone:

Email Address:

**Please answer the following questions:**

1. I have operated my present facility for at least 183 calendar days.  
 Yes       No
  
2. I do not have delinquent Vendor's Monthly Operating Reports or owe delinquent fees, penalties, or insurance payments to BEP.  
 Yes       No
  
3. 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.
  
4. 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: