

**Massachusetts Bay Transportation Authority**  
**Retail Pushcart Program Application**  
**2013 Vending Program**

Applicant / Business Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State & ZIP: \_\_\_\_\_

Previous Residential Address: \_\_\_\_\_

(If less than two years at present address)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State & ZIP: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date Registered as a Business: \_\_\_\_\_ City: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ MA Tax ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

Do you hold a MA Hawkers and Peddlers License? \_\_\_\_\_ If yes, License #: \_\_\_\_\_

Have you ever had a vending license with the MBTA? \_\_\_\_\_ If yes, License #: \_\_\_\_\_

Location (s): \_\_\_\_\_ When: \_\_\_\_\_

Are you the sole owner of the vending business? \_\_\_\_\_

(If not, list the names, addresses and telephone numbers of all partners on a separate sheet)

Will you operate the pushcart? \_\_\_\_\_ Will you have employees? \_\_\_\_\_

Expected number of employees? \_\_\_\_\_ Proposed hours of operation? \_\_\_\_\_

Preferred location? \_\_\_\_\_ Pushcart \_\_\_\_\_ \*Mobile Food Unit \_\_\_\_\_

I, \_\_\_\_\_, STATE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY INFORMATION IS FOUND FALSE, OR MISLEADING. THAT I WILL FORFEIT ANY NEW, OR EXISTING, LICENSE WITH THE MASSACHUSETTS BAY TRANSPORTATION AUTHORITY.

I HAVE READ AND UNDERSTAND ALL THE RULES AND REGULATIONS OF THE MBTA PUSHCART PROGRAM. I ACKNOWLEDGE THAT VIOLATING ANY OF THE RULES AND REGULATIONS MAY RESULT IN THE REVOCATION OF MY LICENSE TO OPERATE A PUSHCART ON MBTA PROPERTY.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**\*Mobile Food unit carts must contain a sink with hot and cold water.**

**This application which represents you as a vendor cannot be transferred to another person without the consent of the MBTA.**

**MBTA Pushcart Program Application**

**Product List**

List **all** 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.

<b><u>Product</u></b>	<b><u>Source</u></b>	<b><u>Price Range</u></b>	<b><u>Approved</u></b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MBTA 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.

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**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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**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.

**Massachusetts Bay Transportation Authority  
Access Privilege Application**

**Promoter, Vendor, Vendor Employee, and Musical Performer**

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: (if any) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Nicknames: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
State

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Are you a U.S. Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, Employment Authorization # \_\_\_\_\_

Resident Alien Card # \_\_\_\_\_

**\*\*\*A copy of one (1) government-issued photographic identification card must accompany this application. (e.g., driver's license, passport, military identification, green card)**

The Massachusetts Bay Transportation Authority Transit Police has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a promoter, vendor, vendor employee, musical performer, I understand that a criminal record check will be conducted for conviction and pending criminal case information.

By submitting this application and signing below, I hereby authorize the Massachusetts Bay Transportation Authority Police Department to conduct a criminal records check and verify all information in connection with this application and agree to release and hold harmless the Massachusetts Bay Transportation Authority and its Police Department from and against all liabilities arising out of information received.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

MBTA access privileges may be denied for, but not limited to, the following:

- **Felony convictions within the last seven years, from the time restitution, fine, sentence, etc., was completed. Convictions older than seven years will be considered on a case by case basis. (Conviction shall mean pleading guilty, no contest or continued without a finding, etc.)**
- **Controlled substance events in past seven years.**
- **Crimes involving dishonesty, theft, or fraud are disqualifying events, other issues will be considered on a case by case basis.**
- **Incarceration within last five years.**
- **Improper immigration status**
- **Criminal sexual activity or sexual offenses**
- **Providing false information or information that cannot be verified**
- **Information that reveals association with matters that may affect homeland security**
- **After a review of the background data, there exist other compelling reasons that the individual should be denied access privileges.**

I, the undersigned, certify that all the statements made in this application are true and made in good faith. I understand that if knowingly, misstated any fact or failed to report a conviction, I am subject to prosecution under title 18 of the United States Code and denial or revocation of all Massachusetts Bay Transportation Authority station privilege and any previously issued identification badges.

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Applicant's Name

Date

I also certify my understanding that I am required to report any subsequent convictions of the offenses listed above, and I must surrender my Identification Badge to the Massachusetts Bay Transportation Authority Transit Police Department within twenty-four (24) hours.

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Applicant's Name

Date

Please tell us:

What company do you work for? \_\_\_\_\_

Company or Vendor Name

Business Telephone No.

In What MBTA Station or Stations do you work? \_\_\_\_\_