



COME CART WITH US

Cart Application

FILL OUT THE FORM ENTIRELY AND PRINT CLEARLY. \$35 FEE DUE AT THE TIME OF APPLICATION SUBMISSION.

APPLICANT NAME _____
FIRST MIDDLE LAST

ADDRESS _____

CITY STATE ZIP _____

PHONE _____

EMAIL _____

DOB _____

SS# _____

BUSINESS NAME _____

ADDRESS _____

CITY STATE ZIP _____

PHONE _____

TAX ID# _____

WEBSITE _____

INDICATE TYPE CORPORATION/LLC PARTNERSHIP NON-PROFIT SOLE OWNER OTHER

OF EMPLOYEES _____

IF YOU'VE EVER BEEN CONVICTED OF A FELONY, PLEASE EXPLAIN BELOW:

PROVIDE 1ST, 2ND AND 3RD CHOICES FOR CART SPACE, REFERENCING THE LOT MAP ON THE WEBSITE. NOTE THAT IF ALL 3 SPACES ARE TAKEN AT 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 PRICES OF ITEMS. WE WILL REVIEW TO ENSURE THERE ARE NO DUPLICATIONS OF FOOD TYPES AT *à la carts* FOOD PAVILION.

CART DIMENSIONS - INCLUDE PHOTO(S) OF YOUR CART

WITHOUT TONGUE _____ L X _____ W X _____ H

WITH TONGUE _____ L X _____ W X _____ H

REMOVABLE TONGUE? YES NO

TO ENSURE *à la carts* FOOD PAVILION HAS A STRONG CART PRESENCE THROUGHOUT THE WEEK, PLEASE INDICATE APPROXIMATE HOURS OF OPERATION. NOTE THAT WE PREFER A MINIMUM OF 20 HOURS/WEEK, HOWEVER YOU WILL SET YOUR OWN SCHEDULE AND DETERMINE WEEKEND HOURS AND DAYS CLOSED. CIRCLE AM/PM FOR OPEN AND CLOSE TIME FOR EACH DAY; HOURS PROVIDED CAN BE ESTIMATES.

MONDAY	_____	AM / PM	-	_____	PM / AM
TUESDAY	_____	AM / PM	-	_____	PM / AM
WEDNESDAY	_____	AM / PM	-	_____	PM / AM
THURSDAY	_____	AM / PM	-	_____	PM / AM
FRIDAY	_____	AM / PM	-	_____	PM / AM
SATURDAY	_____	AM / PM	-	_____	PM / AM
SUNDAY	_____	AM / PM	-	_____	PM / AM

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?

HOW DID YOU HEAR ABOUT *à la carts* FOOD PAVILION?

DRIVE BY CART BLOG WORD OF MOUTH REFERRAL OTHER

QUESTIONS/CONCERNS

I HEREBY CERTIFY THE INFORMATION PROVIDED TO *à la carts* FOOD PAVILION IS TRUE AND CORRECT AND AUTHORIZES *à la carts* FOOD PAVILION TO MAKE ANY INQUIRIES, CREDIT OR BACKGROUND INCLUDED, NECESSARY FOR APPLICATION PROCESSING. I UNDERSTAND AND ACCEPT THAT ANY INFORMATION PROVIDED TO *à la carts* FOOD PAVILION THAT IS INCOMPLETE OR UNTRUE SHALL BE GROUNDS FOR APPLICATION DENIAL AND/OR TERMINATION OF CART TENANCY EFFECTIVE IMMEDIATELY.

SIGNATURE

DATE

TO PROCESS YOUR APPLICATION IN A TIMELY MANNER, PLEASE SEND COMPLETED FORM, \$35 APPLICATION FEE (CHECK PAYABLE TO *à la carts* FOOD PAVILION), FOOD OFFERINGS AND PRICING, TWO PERSONAL REFERENCES (INCLUDING NAME, ADDRESS, PHONE, YEARS KNOWN, BEST TIME TO CONTACT), COPY (FRONT AND BACK) OF PHOTO IDENTIFICATION (DRIVER'S LICENSE PREFERRED), AND PHOTO(S) OF CART TO:

à la carts FOOD PAVILION
7410 SW OLESON ROAD, PMB 149
PORTLAND, OR 97223

FOR QUESTIONS RELEVANT TO THE APPLICATION AND/OR APPLICATION PROCESS, PLEASE CALL: 503•894•1987