

A. APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Street Address		Apt
City	State	ZIP
Daytime Phone () -	DOHMH License #	Social Security # or ITIN

B. CAREFULLY CHOOSE ONE OR MORE BOROUGHES FROM THE LIST BELOW

You may apply for a waiting list position in one or more boroughs. You should only check those boroughs where you are willing to operate a cart. **Manhattan and Queens are currently not available as choices.**

Bronx Brooklyn Staten Island

C. PRIORITY GROUPS

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS.

If you answer "YES" to any question and you are selected from a waiting list to apply for a permit, you will have to document the answers on your application. **If you are unable to show proof, your waiting list application will be rejected for all the boroughs you checked and you will have to reapply.** Please answer carefully.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you already on a non-Green Cart Health Department mobile food cart waiting list? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are you disabled? <i>(See definition of 'disabled' in the instructions.)</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Are you a United States Veteran? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

D. ASSISTANCE FOR GREEN CART VENDORS

- Would you like to receive information on buying fruits and vegetables? Yes No
(If "yes", your contact data will be sent to Karp Resources who can give you more information.)
- Would you like to receive information about low cost business loans? Yes No
(If "yes", your contact data will be sent to ACCION USA who can provide you with more information.)

E. SIGN AND DATE THIS FORM, ATTESTING TO THE INFORMATION YOU PROVIDED

I confirm that the information I have provided as answers to the questions above are correct:

Signature of Applicant _____ Date _____

F. MAIL THIS FORM TO THE ADDRESS BELOW. IT MUST BE POSTMARKED NO LATER THAN FEBRUARY 3, 2012.

New York City Department of Health and Mental Hygiene
125 Worth Street
C.N. EHS 1000
New York, NY 10013

For more information, call 311 and ask for "Green Carts" or go to nyc.gov/greencarts

Other languages available: Arabic (عربي), Bengali (বাংলা), Chinese (中文), Spanish (Español), and Urdu (اردو)