



## VENDING LICENSE REFERENCE FORM

### **Applicant:**

Please write/type your name on the line below and give this form to a current/former employer, associate, clergy, professional, or colleague (i.e. someone who knows you well) to fill out on your behalf. This person cannot be related to you.

### **To Whom It May Concern:**

\_\_\_\_\_ is applying for a Vending License. As someone who knows the applicant well, please answer the questions below and provide us with information that will help us assist him/her with his/her vending business needs.

Alternate to this form, you are free to submit a letter of reference for the applicant. Additional comments are welcome and will help us determine if the applicant is “fit and proper” to be approved as a vendor.

Please mail, fax, or deliver this form to the BEDC as soon as possible. We cannot process applications without references.

Thank you for your time.

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How would you rate the applicant’s business/personal performance against the following qualities/competencies?

Quality/Competency	Rating					Additional Comments
	Excellent	Good	Fair	Poor	Neutral	
Responsible						
Competent						
Ethical						
Honest						
Reliable						
Work Ethic						
Personal Integrity						
Customer Service						

How long have you known the applicant and in what capacity?

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Do you believe the applicant is fit and proper to be granted a vendor license?

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Any other comments about the applicant:

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Do you wish this form to remain confidential?     YES     NO

Name (printed):

Signature:

Place of Work/Occupation/Position:

Address:

Phone #:

Email:

Date: