**Wisconsin Business Enterprise Program**

**Equipment Request Form**

This formed is to be completed, signed, and submitted by Licensed Operators of the Wisconsin Business Enterprise Program (BEP) for the purpose of informing the State Licensing Agency (SLA) of opportunities to add or replace equipment into locations currently serviced by the program. All equipment requests must adhere to state and federal regulations and have a per unit acquisition cost of more than $1,000. Additional instructions can be found at the bottom of this form.

|  |  |
| --- | --- |
| 1. Operator's Name: | |
| 2. Date of Request: | |
| 3. Equipment Being Requested is:  New  Refurbished  Transfer | |
| 4. Primary Use for Equipment  Snack  Combo  Beverage  Coffee  Frozen  Other (Please Explain): | |
| 5. Requested Equipment Make and Model: (Please include current location if this is a transfer request) | |
| 6. For planning and budgetary purposes, when would you need this equipment?”  1-3 months  3-6 months  6+ months.  Please explain your reasoning for this timeframe: | |
| 7. Is the request being made to replace a current machine?  Yes  No  If "Yes" please answer 7a-7d. If "No" proceed to question 8. | |
|  | 7a. Which machine are you requesting to replace? (Please include serial number and BEP asset tag): |
| 7b. What is the current meter reading? |
| 7c. Please provide any known machine issues or repair data and information from the past 12 months: |
| 8. Is this machine being requested by the location? Yes No | |
| 9. Name of location contact requesting the machine: | |
| 10. Phone Number of contact: | |
| 11. What is the size of the space where the machine will be sitting? (length and width in inches): | |
| 12. Does the location have sufficient electrical, plumbing, heating, and ventilation outlets for the location and operation of the machine?  Yes  No | |
| 13. Please explain, in detail, why you are making this request. Include how this request will support your business, the benefits to the location and BEP, and data and information to support the purchase and installation of the equipment. | |
| 14. Operator's Signature: | |

**Instructions:**

When completed, please email the signed form to [DVRBEP@dwd.wisconsin.gov](mailto:DVRBEP@dwd.wisconsin.gov) and the chair of the ECBV Equipment Subcommittee. The information will be shared and reviewed during a regularly scheduled ECBV Equipment Subcommittee meeting. The committee will actively participate with the State Licensing Agency by providing a recommendation based on the information provided in this form.