**FORM N: BUSINESS PLAN**

**Hours of operation**

**1 a)** State theCurrent hours of operation Monday through Friday of the proponent’s chain locations. Include proposed hours of operations for the Fare Product Sales Agent.

**Bidder’s response**

**1 b)** State the Current hours of operation weekends (and holidays) of the Proponent’s chain location. Include proposed hours of operation for the FPSA role**.**

**Bidder’s Response**

**Location Addresses**

**2)** State the number of locations that would be acting as a Fare Product Sales Agent.

**Bidder’s Response**

**3)** State the current average daily number of customers of all kind.

**Bidder’s Response**

**AAVM LOCATION**

**4)**State the Bidder’s plan for locating the Attended Add Value Machine (AAVM) in each of its retail location listed above.

**Bidder’s response**

**AAVM Security**

**5)** State any security features already in place or to be added, ensuring Security for the AAVM.

**Bidder’s response**

**STAFFING**

**6)**State the Bidder’s current staffing and proposed staffing of both its corporate headquarters and its retail location relative to the FPSA role.

**Bidder’s response**

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|  | CONTACT INFORMATION | |
| **7.** | State the contact information as requested below. | |
| Bidder’s Response: | | |
| **Corporate Contact**: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail address | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Contact for Technical related issues :** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | LOCATION CONTACT INFORMATION | |
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| **Location Address**: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**NAME OF BIDDER**