

INFORMATION FOR NEW VENDORS

Thank you for considering the Community Food Co-op to retail your product(s). New Vendor Applications/Packets must be delivered or mailed to:

Community Food Co-op
Attn: **Merchandising Manager**
NEW VENDOR
405 E Holly St suite 101
Bellingham, WA 98225

Submit to the Customer Service desk when dropping off your packet in person. Please fill out the new vendor application on the next pages and include any supplemental information that is requested. If you have questions about this process, please email vendor@communityfood.coop.

Additional Information

We don't charge slotting fees and we have never accepted slotting fees from vendors. Product placement is based on sales levels and locality. If your product is produced locally we will do our best to make sure it is in a highly visible spot on our shelves.

We love to sample products for our customers, and it is very helpful for local producers/farmers to sample their products themselves in our stores. It gives you direct contact with customers and allows the customer the opportunity to try your local product, learn how it is unique and how it differs from similar products, and make a personal connection to you and your farm or business thereby building brand loyalty and ongoing support for your local business.

We have always supported local producers—it is a priority for us and for our customers. You don't have to be a big business to sell product to us, but you do need to be organized.

The Community Food Co-op pays within listed terms. If your terms are not listed on your invoice, we assume the standard 30 days. Net 15 is the lowest term permissible and the Co-op will process payment with 15 day terms from date of delivery.

CHECKLIST FOR NEW ITEM/VENDOR PACKET

The following information must be included in your New Item/Vendor Packet:

Vendor application, including insurance information and product attributes.

New Product Setup sheet (available for download from our website)

- Ingredient list(s) in a separate document (not provided in packet). Please include country, state, and county of origin for all ingredients.

Product samples (preferable) and/or packaging samples.

Sample of invoice.

Product/Brand Attributes List.

NEW VENDOR APPLICATION

Submit your vendor/producer information below. We will use this information to decide if your product(s) is a good fit for our stores and customers. Please visit both stores to look at our existing product mix to ensure that you are submitting a product that is either missing or underrepresented in any given grocery category (see Category Management and Local Products section in the New Vendor Packet).

Contact/Billing Information

Business Name:

Billing Contact Person:

Phone:

Email:

Ordering Contact Person:

Phone:

Email:

Website:

Address:

City:

State:

Zip:

Billing Address (if different from physical location):

Business Information

Federal Tax ID Number:

Liability Insurance Provider (required):

Dollar Amount:

Product Information

What do you make/grow/catch? Detailed information on ingredients should be included with the New Product Setup forms.

Facilities

Is your kitchen or processing facility inspected by the state in which it resides?

If **Yes**, we request a copy of your certificate of completed inspection.

If not, do you have plans for inspection and certification in the future?

If so, please indicate when you will be seeking certification:

Are food-grade packaging materials used?

Worker Health and Hygiene

We support, and choose to do business with, farms and producers that treat all employees with fairness and respect. Are your employees paid a fair wage, have safe working conditions, and access to support if needed?

Is there an effective and ongoing worker food safety training program in place?

Are workers trained about hygiene practices and sanitation with signs posted to reinforce messages?

Are smoking and eating confined to designated areas separate from product handling?

Are workers instructed not to work if they exhibit signs of infection, like fever, coughing, diarrhea, etc.?

Do workers practice good hygiene by:

Wearing clean clothes and shoes?

Changing soiled or contaminated aprons and gloves as needed?

Keeping hair covered and restrained?

Washing hands as required?

Limiting bare hand contact with fresh products?

Covering open wounds with clean bandages and effective barriers?

I confirm that the information provided in this document is accurate to the best of my knowledge and that my production practices are in accordance with state law.

Signature of Seller: _____

Date: _____

Note: If you have additional information you would like to provide, please use another sheet of paper.

PRODUCT/BRAND ATTRIBUTES

Brand Name:

Products Offered:

Check all the characteristics that apply to your brand:

Fresh, wholesome, and minimally processed

Contains locally or regionally grown/caught ingredients

Certified Organic: Certification #

Sustainably produced

Fair Trade ingredients

Grass Fed (AGA): Certification #

Minimally packaged

Cooperatively and/or collectively produced

No artificial colors, flavors, preservatives, additives, or ingredients from our unacceptable list

No high fructose corn syrup

No trans fats or hydrogenated oils

No hormones

No antibiotics

No GMO ingredients: Verification #

No animal testing

Legal/Regulations:

Are value-added (produced) foods made in an inspected and certified kitchen?

Wholesale Permit for Food Manufacturing: #

Do you follow Washington Department of Agriculture approved labeling?

Liability insurance coverage: \$

Why should the Co-op offer your product(s) to our customers?