



**SNO ISLE
FOOD CO-OP**

2804 Grand Ave. Ste. 201
Everett, WA 98201
425.259.3798
www.snoislefoods.coop

MERCANTILE VENDOR APPLICATION

Thank you for considering the Sno-Isle Food Co-op (SIFC) to retail your product(s). Mercantile Vendor Applications/Packets must be submitted through email to:

mercantile@snoislefoods.coop

Please fill out the Mercantile Vendor Application on the next pages and include any supplemental information asked for below. If you have questions about this process, please send an email to mercantile@snoislefoods.coop.

Additional Information

We don't charge slotting fees and we have never accepted slotting fees from vendors. Product placement within sets 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 or indicated as such.

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.

Sno-Isle 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. The Co-op's accounting department sends payments on the 10th and 25th of each month.

CHECKLIST FOR MERCANTILE VENDOR APPLICATION

The following information must be included in order to complete the Mercantile Vendor Application process:

Review SIFC Product Selection Guidelines (page 10 of the [New Vendor Packet](#))

Completed Mercantile Vendor application*

New Product Setup sheet* (Use of this specific form is not required. If you have a document that already supplies this information in an alternate format please feel free to submit it instead.)

Proof of liability insurance

Sample of electronic invoice

(All electronic invoices should be sent to books@snoislefoods.coop and your contact for orders at the Co-op)

*This information will always be available at <https://www.snoislefoods.coop/vendors>. At Sno-Isle Food Co-op electronic submissions are always preferred in support of our efforts to be sustainable and efficient.

MERCANTILE VENDOR APPLICATION

Please fill in your vendor/producer information below. We will use this information to decide if your product(s) is a good fit for the customers of our store. Please visit The Co-op 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*).

We require that all vendors selling to Sno-Isle Food Co-op have an active email address on file. This has proven to be the most accurate and efficient mode of communication between our staff and vendors.

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:

Please provide copied proof of your liability insurance coverage.

Product Information

1. What do you make or produce? Detailed information should be included with the New Product Setup forms.
2. What makes your product unique?
3. Why should the Co-op offer your product(s) to our customers?
4. Who else are you selling to in Snohomish and Island Counties? This information helps The Co-op educate visiting customers on where to find your products closer to home.

Order & Delivery Information

1. How do you prefer orders be made?
2. What are your shipping methods? What is the estimated lead time between order and delivery?
3. Do you have order minimums? If met, are shipping costs covered? If not, what are your estimated shipping costs to our location?

Worker Health

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?

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.?

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 Vendor: _____

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:

Locally made

Certified Organic: Certification # (if applicable)

Certified B Corporation®:

Sustainably produced

Fair Trade

Minimally packaged

Cooperatively and/or collectively produced

No animal testing