

VENDOR AGREEMENT

NORTH COAST ONLINE FARMERS MARKET



Info

Business Name: _____

Primary Contact Name: _____

Phone: _____

Email: _____

(Optional) Secondary Contact Name: _____

Phone: _____

Email: _____

Business Address: _____

Mailing Address (if different): _____

Sales Type

CHOOSE one of the following options by checking a box:

Type 1 - Weekly Delivery

I will deliver products weekly as they are ordered.

10% Sales Fee

I agree to deliver my inventory before 12pm Thursday weekly; manage my inventory on the Local Food Marketplace platform; fees assessed for incomplete or late deliveries.

Type 2 - DRY Storage

I will store product at the Food Web facility in DRY storage.

15% sales fee

I agree to add "North Coast Food Web" as additionally insured on my insurance; work with Food Web staff to arrange deliveries; and that the Food Web is not liable for damaged, out of date, or spoiled product.

Type 3 - COLD Storage

I will store product at the Food Web facility in cold storage.

20% sales fee

I agree to add "North Coast Food Web" as additionally insured on my insurance; work with Food Web staff to arrange deliveries; and that the Food Web is not liable for damaged, out of date, or spoiled product.



Products

Please list the products or product types you plan to sell:

SUBMIT THE FOLLOWING WITH THIS AGREEMENT

- A completed W9 (for the person/entity we can write a check to)
- A copy of relevant, valid food licenses for your business
- A copy of your business license
- For Type 2/3 vendors: proof that "North Coast Food Web" is additionally insured on your liability insurance policy.*

BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:

1. I have read the Market Rules. I understand what is expected of me as a vendor. I understand the expectations based on which Vendor Type I chose.
2. I understand and follow all relevant regulations for growing, processing, packaging, and selling the above products through a wholesale channel.
3. I have up-to-date licensing from ODA/USDA to sell the above products through a wholesale channel. I have sent NCFW proof of my licensing.
4. I understand the fee schedule and how I will be paid. I agree to receive monthly checks mailed to my address listed above (unless I make other arrangements with NCFW staff).
5. As needed, I will submit updated W9, food licensing, business licensing, and insurance documentation.

Signature _____

Date _____