

## SW WA FOOD HUB NON-MEMBER VENDOR APPLICATION

### Welcome to the SW WA Food Hub

Food Hub Steering Committee representatives will review your application and approve your application. Applicants will be notified of the status of their application in a timely fashion.

If you need assistance in filling out this application, please contact [info@swfoodhub.com](mailto:info@swfoodhub.com) with your questions.

Due upon acceptance:

Non-member Vendors: \$350.00

Please send your checks to:

SW WA Food Hub

PO Box 130

Curtis WA 98538

### APPLICANT INFORMATION

Business Name:

Contact Name:

Mailing Address:

City:

State:

ZIP Code:

Production Facility Address, if different:

City:

State:

Zip Code:

Email:

Phone:

Website:

Alternate Phone:

### BUSINESS INFORMATION

Business Designation:  Corp  Sole Prop  LLC  501c3  Other:

UBI#

Business Start Date:

Do you buy any ingredients for your product locally?  Yes  No Please explain:

Where do you process your products?

# SW WA FOOD HUB PARTICIPATION APPLICATION

## PRODUCER OVERVIEW

Please provide a brief description of your business:

What unique food safety concerns do you have associated with the transportation and storage of your product?

## SW WA FOOD HUB PARTICIPATION APPLICATION

### PRODUCT AVAILABILITY

Please provide a list of product availability (use a separate piece of paper if necessary) and your capacity to sell through the SW WA Food Hub:

What are your top five desired wholesale items?

What month/s are your value added products available?

What markets are your products already in?

Do you wish to sell all your products via the SW WA Food Hub? Yes No If not, explain:

What motivates, or would motivate you, to sell through a Food Hub. (check all that apply)

- Let's get more local food to the local community.  I will get more market access.
- I can increase production  I can produce/raise new products that Food Hub buyers request.
- My marketing costs will go down.  This will expand the geographic scope of where I can sell (ie Portland, Vancouver, Seattle)  I can collaborate with other producers to sell to bigger accounts.
- We will attract new buyers through "one-stop" access to greater variety.  My transportation costs will go down.  I will offload some accounts I don't want to deal with (ie difficult wholesale, other)
- I will offload some tasks (admin/invoicing) I don't want to deal with
- Other \_\_\_\_\_

What markets should the Food Hub targeting that would increase your product sales? (check all that apply)

- Wholesale (ie mainline distributor)  Institutions (ie school, state cafeteria, hospital, ect)
  - Direct to retail (ie sales to grocers)  Direct to restaurant  CSA (multiple farms together)
  - CSA (sell your own CSA thru Hub)  Online commerce - drop points  Online commerce - direct delivery  Other
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## SW WA Food Hub Participation Check-list

The mission of the SW WA Growers Cooperative is to address issues facing agriculture in SW WA. The mission of the SW WA Growers Cooperative is to increase the viability of Southwest Washington family farms through collaborative opportunities in marketing, logistics, and stewardship

**The Participation Guide** provides detailed information about participating in the Food Hub.

**All applicants must meet the following eligibility requirements and provide documentation before their application is considered:**

- Successful non-member vendors must provide the annual fee associated with their applicant category prior to listing product.**

In subsequent years annual dues are payable no later than March 31.

- Print, sign and return the **Food Hub Participant Commitment**.
- Participants must be legally permitted to sell their products commercially. Please provide the SW WA Food Hub with a copy of your **Washington State business license** and any required **specialty permits and/or licenses**.
- Print, sign and return a **W-9** form for the current year
- Participants must comply with current county, state and federal **food safety requirements** for all applicable product categories

Reference: WSDA Small Farm and Direct Marketing Handbook

- Each business shall provide a copy of a **certificate of insurance coverage** for a \$1M occurrence/\$2M aggregate limit policy.

Please add as additional insured:

**SW WA Growers Cooperative  
PO Box 130  
Curtis WA 98538**

- If you are utilizing any satellite aggregation sites for your product, please also provide an additional insured certificate to each.

# Southwest Washington Food Hub

## Food Hub Participant Commitment

The Southwest Washington Food Hub is committed to supporting Washington farmers. All members of the Southwest Washington Food Hub have individually provided information about the standards of their production and/or processing practices and have received the “Guide for Farmers”.

### Pledge

By signing this pledge, I agree to the Rules of Collaboration and Participation and verify that all information I have provided to the Southwest Washington Food Hub about operations in the Producer Profile and Product Descriptions is complete, accurate, true and valid. For certification claims, I have provided complete, appropriate and current information and documentation. As a Food Hub participant, I fully understand that any knowing inaccuracy or failure to provide complete, proper and updated information and documentation will jeopardize my access to the SW WA Food Hub’s distribution channels and participation in the Food Hub.

### Agreement to Terms and Conditions

I agree that I have read and understand the SW WA Food Hub’s “Participation Guide” and agree to the terms and conditions outlined therein. I also understand that participants own their product through the supply chain and product is at no time owned by the Southwest Washington Food Hub.

I agree that I will grant Food Hub representatives access to my operation to verify any claims made in the producer profile, product descriptions, or elsewhere within the Food Hub’s marketing and sales information, or for any other reason deemed necessary.

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**Business Name**

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**Authorized Representative’s Name**

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**Date**

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**Signature**