

LOCAL VENDOR PROGRAM APPLICATION

Legal Business Name/Business Entity: _____

Owner's Name (Vendor): _____

HST Registration Number (if available): _____

Contact Name (if different from above): _____

Phone: _____ Other Phone, if applicable: _____

Mailing Address: _____

Email: _____ Bus. website: _____

Products being sold (Vendor must be prepared to provide sample products for review):

Requested sales period: ☐ January 15 – May 24 ☐ June 15 - Dec 24

I would like to be considered for the next sales period if not chosen ☐

Vendor Requirements:

The Vendor must meet the following criteria:

1. Must be located within Southwestern Ontario with products made/manufactured locally.
2. Products must meet all the safety standards of St. Joseph's Health Care London (St. Joseph's).
3. All items must be approved by St. Joseph's prior to display.

Prohibited Products:

- Lingerie and/or undergarments
- Consumables; this includes but is not limited to baked goods, honey, supplements, tea/coffee.
- Counterfeit merchandise, and/or illegal substances
- Weapons or replica weapons of any kind; including but not limited to pocketknives, swords, etc.
- Fireworks; matches; lighters cigarettes; cigars
- **Restricted:** St. Joseph's is a scent free organization. Scented items (perfumes; colognes; lotions; candles; etc.) may be sold however must remain in sealed packaging while on St. Joseph's Health Care London premises.

Application Requirements:

1. Vendors are required to apply no later than November 1, to begin sales on January 15 of the following year, and/or no later than April 1 to begin sales on June 15 of the same year.
2. St. Joseph's will inform all applicants of their status by December 10, if approved for a January start date, or May 10 if approved for a June start date.

Sales:

1. Sales are not guaranteed.
2. There is no cost to Vendor to display items.
3. 20% of all sales is returned to St. Joseph's.
4. St. Joseph's Associate will track and calculate payment.

5. Reimbursement for all sales will be made by St. Joseph's to Vendor via EFT within 30 days post sales period (confirming with HMMS). Reimbursement will NOT be made via cheque or cash.

Display:

1. Items for sale must be clearly marked with a price tag, provided by Vendor, to include the vendor's name and cost of item. Failure to do so will result in the item being removed from the display shelf until St. Joseph's staff can confirm pricing with Vendor.
2. The sales area will be assigned by St. Joseph's and must be adhered to by Vendor (Appendix 1).
3. Stock may only be replenished by the Vendor on a mutually agreed date/time.
4. In-store inventory lists will be kept up to date with Vendor and St. Joseph's.
5. The vendor is responsible for removing all items promptly at the end of the sales period. If necessary, St. Joseph's may support the removal of items from store location and transfer to storage for pick up by Vendor. Failure by Vendor to retrieve any unsold items by a mutually agreeable date will be considered abandonment of the items.

Management:

1. St. Joseph's reserves all rights to determine which store Vendor's items will be sold from. (see Appendix 1).
2. In addition to meeting the vetting criteria above, the final decision to have items on consignment from a local vendor is at the discretion of St. Joseph's.
3. If the number of Vendor applicants exceeds the number of available sales locations, a random selection process will be utilized to select a Vendor for fairness and transparency.
4. This agreement may be terminated by either party at any time by providing notice to the other party, in writing.
5. All vendors will be confirmed by email no later than May 10 if beginning sales on June 15, or confirmed by Dec 10, if beginning sales on Jan 15 of the year following, unless other accommodations have been agreed upon between St. Joseph's and the vendor.

**** St. Joseph's is not liable for any loss to Vendor associated with the Local Vendor Program, including but not limited to broken or damaged items, lost or stolen items, loss of sale or failure to collect unsold items at end of sale period.**

**** Nothing in this Vendor application form, or any subsequent selection as the successful applicant shall be construed as an employment relationship or partnership between St. Joseph's and Vendor**

Vendor agrees to the above terms:

Print name: _____ Signature: _____ Date: _____

Return completed application to:

Volunteer Services

St. Joseph's Health Care London

Ph: 519-646-6100, ext. 44050 | volunteerSJHC@sjhc.london.on.ca

FOR OFFICE USE ONLY:

Date application received: _____

☐ Approved ☐ Not Approved Reason: _____

Approved sales period: ☐ January 15 – May 31 ☐ June 15 - Dec 24

Set up date/time: _____ End date for vendor: _____

Location of products (ie: Parkwood Main, Shelf 3): _____