

Holiday Pop-up Shop Local Vendor APPLICATION

Legal Business Name/Business Entity: _____

Owner's Name (Vendor): _____

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):

Pop Up Shop Dates: ☐ Finch Family Mental Health Care Building: November 26th
☐ The Southwest Centre for Forensic Mental Health Care (St. Thomas): December 4th

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. Vendor is responsible for onsite parking costs

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 October 1st
2. St. Joseph's will inform all applicants of their status by October 10th.

Sales:

1. Sales are not guaranteed
2. Cost to partake in one Holiday Pop Up Shop is \$120.00 per day, cash or cheque only
3. Entry fee must be paid before Pop Up Shop start time
4. Cheques made payable to St. Joseph's Health Care London
5. No additional fees, other than the vendor entry fee of \$120, will be charged to vendor

Display:

1. The sales area will be assigned to each vendor by St. Joseph's and must be adhered to
2. Vendors will be provided 2 hours prior to the start time of the Pop-Up Shop on the date assigned to set up items, and 2 hours afterwards on same day for removal of items
3. One six (6) foot table and one chair will be provided for each approved vendor
4. If items are placed on the floor they must be placed at front/underneath table or at rear of table (if large), and clear of customer footpaths
5. Vendor must provide all equipment necessary to bring sales items from building entrance door to sales area

Management:

1. 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.
2. This agreement may be terminated by either party at any time by providing notice to the other party, in writing.
3. All vendors will be confirmed by email no later than October 10th for sales on November 26th and/or December 4th, 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:

Lisa Squires, Associate

Volunteer Services

St. Joseph's Health Care London

Ph: 519-646-6100, ext. 47541 | lisa.squires@sjhc.london.on.ca

FOR OFFICE USE ONLY:

Date application received: _____

☐ Approved ☐ Not Approved Reason: _____

Approved sale date: ☐ November 26th ☐ December 4th

Set up date/time: _____ End time: _____

Location _____