



Grocery Vendor Application
Contact Information

Name of Business/Farm: _____

Contact Person(s): _____

Address: _____

Miles to Fort Collins: _____

Phone Number: _____ Fax: _____

Website: _____ Email: _____

List each prepared food you plan to sell through the Fort Collins Food Coop.

For each and every prepared food product you plan to sell through the Coop, you must:
List all of the ingredients. If you use any mixes, they must be identified as such and all of their ingredients included in the ingredient list.

Note which ingredients, if any, are of Colorado origin.

Note any ingredients that are Certified Organic.

List whether the product is delivered at room temperature, frozen or refrigerated.

If meat or eggs are ingredients in any of your products, list the source of those ingredients.

List any allergens in your products.

Does your product labeling alert the customer to potential allergens? Y N

The Fort Collins Food Cooperative is a supporter of the Non-GMO Project. Are any of your products certified non-GMO? Y N Please note, this is not a requirement.

If any of your products are frozen or refrigerated, how will they be transported to the coop's operations center so that they arrive at the proper temperatures for storage?

How will your products be packaged for distribution through the coop?

List the inspecting agency for your kitchen/food facility, including the date, name, and contact info for the most recent government health inspector.

Describe any sustainability, energy conservation, or other miscellaneous "green" aspects of your business.

Describe any training or classes you have gone through to help you learn how to do what you do, including your training in food safety and production.

Have you identified the potential risks involved in your food production processes and developed plans to mitigate/avoid those risks? Y N

If so, briefly describe your plans to secure the food safety of your products. If not, when do you plan to do this?

Please tell us your story. Write a couple of paragraphs about who you are, why you are doing this, how participation in the Coop will benefit you, etc.

Certification and Insurance Information

List your food liability insurance coverage, both general and product-related, as well as any licenses and tests that you have available.

Is your operation subject to any certification (USDA, organic, etc.)? Y N
If yes, please explain and provide identifying information and/or a copy of the certificate.

Do you use outside services that are subject to certification (butcher, packer, etc)? Y N
If yes, please explain and provide contact information.

Please provide your Federal Tax ID number.

By submitting this application I affirm that all statements made about my farm/business and products in this application are true, correct and complete and I have given a truthful representation of my operation, practices, and origin of products. Information provided is for internal Food Cooperative's records only and will not be shared with the public.

Signature

Date

After form is completed, print out and fax to (970) 472-2693. Thank you!