



## VENDOR APPLICATION

1. Please complete the form by responding to all applicable questions or by writing N/A.
2. Return to the store or email directly to [kat@growov.org](mailto:kat@growov.org)
3. If a question is answered in an attachment, please specify.

Farm or Business Name:

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Contact Name:

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Address (Physical):

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Phone:

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Address (Mailing, if different):

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Email/Fax:

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Day of the week you deliver:

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## For Producers

1. What products do you produce?

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2. When are your peak seasons for products?

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3. Do you have all required certifications, permits and licensing? Do you have insurance? Please include copies of relevant documents.

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4. Please describe the facilities in which your products are processed.

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5. Please list local ingredients and their sources (sourced within the tri-state area: West Virginia, Pennsylvania, and Ohio).

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6. Please list non-local ingredients and their sources.

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7. What makes your products unique or special? (e.g., organic, heritage varieties, sustainable practices)

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8. What farming/producing methods or practices do you use? (e.g., crop rotation, composting, natural pest control, OR techniques, product details, for non-produce items)

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9. What certifications or recognitions does your farm/business hold? (e.g., naturally grown, organic, non-gmo certified, organic ingredients, B Corp Certification, Woman Owned, Veteran Owned)

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10. Are your products tested on animals?

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11. Do your products contain any preservatives? Please specify.

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12. How do you package your products for sale?

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13. Where else do you sell your products?

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I confirm that my product meets all legal requirements and codes, and that I have all current licenses and registrations required by law. I affirm that all information in this application is complete and accurate.

If approved, our Vendor Manager will be following up. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_