

Dear Prospective Adirondacks Welcome Center Taste NY Vendor:

Thank you for your interest in the Taste NY vending market at the new Adirondacks Welcome Center, located on I-87 Northbound between Exits 17 and 18, operated locally by Lake George Regional Chamber of Commerce, Inc. We are currently accepting vendor applications from New York State producers of food, beverage, and non-food gift items for resale in the market.

There are 70 Taste NY stores across the state ranging from wine stores to retail kiosks to full-service markets. Taste NY at the Adirondacks Welcome Center is one of the newest locations, offering a vending market that consists of nine high end vending machines that offer frozen, refrigerated, and non-perishable foods, beverage, gifts, and more. These state-of-the-art machines accept cash, credit card, and cashless payment options and include technology such as elevators and temperature controls that allow us to feature the types of fresh products you might find at your local farmers market.

Vendors meeting the Taste NY retail guidelines and other criteria set forth in the attached application may be deemed eligible to supply product to the vending market for resale. Please complete the following application and provide the required insurance documentation in the application. Your product will be considered by the market manager for wholesale purchase. We require an ACORD form proving a Certificate of Liability Insurance with Lake George Regional Chamber of Commerce, Inc, 2176 Route 9, Lake George, NY 12845 as the Certificate Holder.

Vendors represented in the market may be rotated depending on seasonality, product variety, availability, consumer demand, and other factors. To best represent your product, please include promotional materials, business history, samples, etc. with your application. Due to the nature of our vending machines, product packaging and labeling is important. Resources are available to help bring new products to market and assist vendors with vending-friendly packaging. We are able to assist in getting your product retail-ready.

The facility and vending market are open year-round, 24 hours a day, 7 days a week. Customer service staff are available on-site to help visitors navigate the selections from 9am-5pm, 7 days a week. An average of 25,000 cars pass daily and we are confident that your products will be seen and purchased by many.

**Complete Submission of Application Includes:** Application, Insurance Requirements, Product Description including Wholesale Pricing, Photos of Product and Packaging and/or Sample

We look forward to working with you to promote the best of our region and New York State!

Jennifer L. Kraft

Taste NY Market Manager

Adirondacks Welcome Center

(518) 487-0045 jennifer@lakegeorgechamber.com



# How to submit your application:

**By Email:** Jennifer@lakegeorgechamber.com

**By Mail:** Lake George Regional Chamber of Commerce, Inc.

Attn: Adirondacks Welcome Center/Taste NY

2176 State Route 9 | PO Box 272 | Lake George, NY 12845

In Person: Adirondacks Welcome Center

I-87 Northbound (Between Exits 17 & 18)

Queensbury, NY 12804

(518) 487-0045

### What is Taste NY?

# The Official Eat-Local, Drink-Local Program for New York State

Taste NY, launched by Governor Andrew M. Cuomo in 2013, highlights the quality, diversity, and economic impact of food and beverages grown, produced, or processed in New York State. Taste NY aims to create new opportunities for producers through events, retail locations, and partnerships. The agricultural industry in New York State continues to grow at an exceptional rate. The state boasts more than seven million acres of farmland, 36,000 farms, and is the second largest producer of apples and maple syrup in the country. Additionally, there has been a 50% growth in the number of craft beverage manufacturers since enactment of the Craft New York Act in 2014, with the highest number of cideries in the country and 400 breweries--the highest number in New York history. We encourage New Yorkers and visitors alike to experience the delicious homegrown goodness of Taste NY and help us continue to grow the state's thriving agricultural industry. Learn more at **taste.ny.gov!** 

#### **FAQs**

#### Q) Is there an application fee?

**A)** No, there is no cost to apply or to participate in the Taste NY market. We purchase product from our vendors at a wholesale rate and resell in our retail vending market. You are not required to buy back unused product.

#### Q) I make a great product but I don't have packaging. Can I still apply?

**A)** Yes! The market staff and representatives from Cornell Cooperative Extension are available to assist vendors with the application process as well as provide advice regarding packaging and labeling to help bring your products to market.

#### Q) How often will I be paid?

**A)** All Taste NY Market vendors will be paid on **NET30** terms based on their invoice date. Market vendors will be paid by mailed check and are responsible for providing the correct payment address and contact information. Alternative payment methods or timeframes will require prior approval.

#### Q) Once my application is accepted, will my products be eligible for resale at all Taste NY locations?

**A)** Once you are accepted into the Taste NY program, your products are eligible for resale at all Taste NY locations. However, each store is managed independently and approval does not guarantee placement in all locations. If you are interested in selling your products at multiple locations, we are happy to help facilitate communication with the operators of those locations.



| Legal Business Name:                        |                                       | Trade Name (if different):   |                       |  |
|---|---------------------------------------|--|-----------------------|--|
| Mailing Address:                            |                                       |  |                       |  |
| Website:                                    |                                       | □Facebook □Instagram □Twitter □Other:  |                       |  |
| Primary Contact:                            |                                       |  |                       |  |
| Phone:                                      | Cell:                                 | Fax: Email:  |                       |  |
|   |                                       | our products, product descriptions, and wholesotos, weight/volume, dimensions of packaging | •                     |  |
| Processing Location:                        |                                       |  |                       |  |
| List all ingredients/mate                   | erials sourced in NYS:                |  |                       |  |
| Are any ingredients/ma                      | aterials sourced from outsi           | de NYS? □Yes □No   |                       |  |
| Do you use product fro If yes, please list: | m other NYS farms/busine              | sses? □Yes □No   |                       |  |
| Production or Nutrition                     | al Claims: (ex: conventiona           | al, grass fed, gluten free, vegan, certified orgar   | nic):                 |  |
| Current Retail Location                     | n(s):                                 |  |                       |  |
| Can you provide "sell b                     | y" labels on all perishable           | product? □Yes □No  |                       |  |
| Product Storage Needs                       | s (select all that apply):            | Refrigeration □Freezer □Shelf-Stab   | le                    |  |
| Is your business MWB                        | E Certified? □Yes □No                 |  |                       |  |
| If no, would you like to York State? □Yes □ |                                       | v to become certified as a minority or women o   | owned business in New |  |
| Marketing Manager (if Email:                | different than primary cont<br>Phone: | act):  |                       |  |
| Would you be willing to                     | provide tastings and/or of            | her promotions for your products? $\Box$ Yes $\Box$ N                                      | lo                    |  |
| Do you have promotion                       | nal materials available? □            | res □No  |                       |  |

Certificates/Permits/Licenses Required: Proof of General and Product Liability Coverage in a minimum amount of \$1m/\$2m aggregate naming <u>Lake George Regional Chamber of Commerce, Inc.</u> as the certificate holder must be submitted before providing product. A copy of the Certificate of Insurance must remain current and on file. Provide LGRCC with copies of all applicable permits, licenses, certifications and other approvals required to produce and sell your products. If you have questions, please contact <u>Jennifer@lakegeorgechamber.com</u> for assistance.



### **ORDERING TERMS**

application.

| Do you (or your distributor) have minimum ordering requirement If yes, what is your minimum number of pieces or dollar amount:   |   |  |  |  |
|--|---|--|--|--|
| No product can be delivered or accepted at the market unless Taste NY Market, I or my business must receive the order from the second s |   |  |  |  |
| □24 hours prior to delivery □48 hours prior to deliver   | □3-5 business days prior to delivery □Other:            |  |  |  |
| When placing orders for my product the best way to place the or □By Email: □By Phone:  | der is:   |  |  |  |
| PRODUCT DELIVERY   |   |  |  |  |
| The facility is open 24hrs a day however deliveries can only be accepted between the hours of 9am-5pm, daily. Deliveries/Shipments cannot be received at the Big Boom Road entrance. This gate is designated for emergency vehicles only. All public traffic and product deliveries must enter from the I-87 entrance.   |   |  |  |  |
| Please use the following delivery/shipping address for all orders Adirondacks Welcome Center I-87 Northbound (Between Exits 17 & 18) Queensbury, NY 12804 Phone: (518) 487-0045  |   |  |  |  |
| I am able to make these deliveries:  Once weekly (Please list delivery day): Once monthly (Please list delivery day): As often as needed I cannot currently deliver or ship my products – Pickup Commercial 3rd party shipping (UPS or FedEx) Distribution Service (Please specify name of local dist  |   |  |  |  |
| TERMS OF PAYMENT   |   |  |  |  |
| All Taste NY Market vendors will be paid on NET30 terms will be paid by mailed check and are responsible for providing Alternative payment methods or timeframes will require prior approximation.   | ng the correct payment address and contact information. |  |  |  |
| Acknowledgement Taste NY is a state funded project to help grow and develop but New York State. By initialing here,I acknowledge that the and products.  |   |  |  |  |
|  |   |  |  |  |

**Farm and Business Visits:** The market management reserves the right to conduct business visits to assure that local New York products are prepared in compliance with the vendor agreement. Please write address if it varies from above.

truthfully and accurately. If my products are selected for sale in the Market, I will comply with the conditions set forth in this

Acceptance and Commitment: By initialing here,\_\_\_\_,I hereby confirm that all above information was provided



Authorized VENDOR Signature

## **OUTSIDE VENDOR CONTRACT**

| These specifications must be submitted by the Vendor to its insurance agent/broker for verification of covera | ge <u>prior</u> to |
|---|--------------------|
| execution of any contract or work or services provided.   |                    |

| These spe  |   | any contract or work or services provided.  |
|--|---|---|
| Agreement band                                   | petween LAKE GEORGE REGIO   | NAL CHAMBER OF COMMERCE, INC. hereinafter referred to as LGRCC hereinafter referred to as the VENDOR for the TASTE NY MARKET  |
| VENDOR AC  | GREEMENT  |   |
| The following                                    | ng paragraphs are added to the o  | contract and incorporated therein by reference.   |
| officers, dire<br>brought agai<br>or destruction | ctors, employees, agents and voluinst any or all of them for any actuon of property arising out of an | the VENDOR shall indemnify, hold harmless and defend the LGRCC, its unteers from and against any and all claims, demands or causes of actional or alleged injury to any person or persons, including death, or damage to y act or omission on the part of VENDOR, its employees, agents of services performed on behalf of LGRCC by VENDOR. |
| COMMERCE   |   | ficate of Insurance, with LAKE GEORGE REGIONAL CHAMBER OF states, showing proof of the following minimum limits of insurance, or as   |
| 1. (   | General Liability, including contrac  | tual, independent contractors, products/completed operations  |
|  | Each Occurrence   | \$1,000,000   |
|  | General Aggregate   | \$2,000.000   |
|  | Lake George Regional Cham as Additional Insured.  | ber of Commerce, Inc., 2176 Route 9, Lake George, NY 12845 named  |
| 2. \   | Workers Compensation, if there ar   | e employees   |
|  | o Insurance is required. Please pred insurance. LGRCC need not be                                     | rovide proof of automobile insurance with your completed application and on your auto insurance.  |
|  | ng of "A-" or better. Vendor's Insu   | urance companies licensed to do business in the State of New York, with a rance shall be primary and noncontributory in all respects to any insurance   |
| non-renewal<br>manager for                       | of the insurance to the certificate LGRCC, will review certificate for                                | ain a provision for at least fifteen (15) days' notice of cancellation o holder indicated in the certificate. Hughes Insurance Agency, Inc., as risl final approval within five business days of the execution of this contract and e. No work or services shall be commenced until these conditions are                                    |
| Vendor Name (please print)                       |   | Regina Mintzer, Executive Director Lake George Regional Chamber of Commerce, Inc.   |
|  |   | <u> </u>  |
|  | D - 4   | D - 4   |

Authorized LGRCC Signature