



600 Palm Ave
Suite 107
Imperial Beach, CA 91932
619-289-7066
gm@suncoastmarket.coop
suncoastmarket.coop

NEW VENDOR PROFILE

Please complete all the information in the form below

VENDOR PROFILE

(Only fill out if you will be selling directly to SunCoast Market Co-op)

CONTACT INFORMATION	
Business Name	
DBA (if any)	
Contact Phone	
Email	
Business Address	
City	
State	
Zip	

BROKER INFORMATION (if applicable)	
Broker	
Broker Phone	
Broker Email	
Broker Business	
Address	
City	
State	
Zip	

ABOUT YOUR COMPANY	
Website URL	
Facebook	
Instagram	
X (formerly)Twitter	
Blue Sky	
Other	

ACCOUNTING INFORMATION	
Accounting Contact	
Accounting Phone #	
Tax ID Number	
Type of Business	
Checks Payable To	
Billing Address	
City, State	
Zip	

INSURANCE AND PRODUCT INFORMATION

(Complete all information)

PRODUCT LIABILITY INSURANCE	
Insurance Carrier	
Policy Number	
Coverage Amount	

A minimum of 1 million dollars in coverage is required

A copy of the policy must be included with submission.

PERMIT INFORMATION	
Cottage Food #	
Expiration Date:	
County #	
Expiration Date:	
USDA #	
Expiration Date:	
Dept of Agriculture#	
Expiration Date:	

In the event of product quality issues we need the following information:	
Contact Name	
Contact Phone	
Contact Email	