



West Lincoln Memorial Auxiliary Vendor Program

Dear Vendor,

Welcome to WLMA Vendor Program. This program is managed/ operated by West Lincoln Memorial Auxiliary. We are a non profit organization that raises money for the benefit of patients at West Lincoln Memorial Hospital. Proceeds from rentals are donated to enhance patient care at WLMH.

The Vendor Program offers and unique opportunity to professionally merchandise products to a customer base, which includes hospital staff, patients, visitors, and volunteers. It provides customers a pleasant, convenient place to shop while offering the Merchant an inexpensive venue for selling their products.

The vendor will be provided 2 tables and 2 chairs in the main hallway in our new hospital between the hours of 9 am – 4 pm. This is a busy foot traffic area for all those in the hospital.

Please review and complete the following attachments:

- Terms and Conditions
- Declaration/ Release Form – sign and return
- Vendor Information Sheet – complete and return

Return all the above items by email to hospvolunteers@cogeco.ca

I look forward to working with you and wish you much success at West Lincoln Memorial Auxiliary Vendor Program. Any questions please feel free to contact me by email.

Sincerely,

Jill Howe

WLMA Vendor Program Coordinator hospvolunteers@cogeco.ca



West Lincoln Memorial Auxiliary Vendor Program

TERMS & CONDITIONS

The following are the 'Terms & Conditions' set forth by West Lincoln Memorial Auxiliary Vendor Program for the operation of the vendor space in West Lincoln Memorial Hospital.

The Vendor must adhere to all Terms and Conditions at all times or the agreement may be terminated. Failure to comply will result in requesting the Vendor to leave the premises immediately, with Security escort if needed.

LOCATIONS & FEES

2 Tables and 2 chairs are provided by the hospital, table size 5/ 6ft. Linens are not provided. Tables are not to be moved to any other area in the hall or lobby.

The vendor fee of \$75 must be paid 2 weeks prior to vendor date. Payment is by etransfer to wlmfinance@bell.net

INSURANCE

As stated, and agreed to by the Vendors in the attached 'Declaration & Release Form', any liabilities, fines, etc. levied will be the responsibility of the Merchant. During the term of this agreement, the Vendor shall maintain in full force and effect, general liability insurance for a minimum of \$2,000,000 for any one occurrence. Such insurance shall name Hamilton Health Sciences Corporation as an additional insured but only with respect to this agreement and shall include at least the following: products and completed operations; personal injury; thirty (30) days' prior written notice of material change to, cancellations, or non-renewal of the policy.

Vendor shall provide the WLMA Vendor Program with evidence of insurance, a copy to be included with your application form.

Vendors without insurance will be required to provide a detail list of items for sale and will be scrutinized by Coordinator for acceptance into vendor program.

VENDOR ACCEPTANCE CRITERIA

The following criteria must be met to be accepted to the Vendor's Marketplace program:

1. Food products and/or services must not conflict with the existing products and/or services provided by West Lincoln Memorial Hospital and/or West Lincoln Memorial Auxiliary.
2. No products and/or services that are of political nature
3. No products and/or services of a religious nature
4. No products and/or services that are not intended for general audiences (must be considered family friendly)
5. No flammable products or products requiring open flames
6. No product with medical treatments or health claims
7. No alcohol, drugs or marijuana products
8. No products for babies or children that would require a quality approval
9. No products that involve gambling
10. No products that are fragrant (must comply with HHS Fragrance Free Policy)
11. No medical / health products promoting diet or weight loss
12. No food that has not been inspected by the appropriate authority

CANCELLATIONS

Cancellations must be given a minimum of two business days' notice prior to the sale. Failure to do so will result in no refund of fees. Rescheduling of vendor date will be allowed at the discretion of the coordinator.

PARKING

All parking fees are the responsibility of the Vendor.

VENDOR AREA SETUP

Setup may begin at 9 am and removed by 4 pm unless otherwise notified. Security is not provided for overnight displays. Do NOT leave any garbage, i.e. boxes, coffee cups, etc. in the vendor area.

SCHEDULING and ADVERTISING

Vendor will pre-schedule dates with the coordinator. Dates must be booked at least 1 month prior to the requested date. Preferred dates should be emailed to hospvolunteers@cogeco.ca

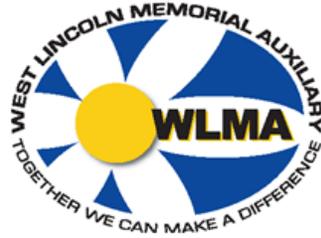
WLMA reserves the right to cancel, relocate, or reschedule a vendor if the area is required for a hospital events, maintenance, etc. without notice but with as much notice as possible will be given.

Advertising in the hospital is strictly prohibited in accordance with the HHS advertising policy. Staff will receive information about when vendors are in the hospital in a monthly eblast. Digital vendor information will be displayed on the Daisy Café Screen when possible.

VENDOR RESPONSIBILITIES

- All Vendors will always conduct themselves and their business in a legal and professional manner. Any Vendor found not conducting themselves as such, will be asked to leave the program immediately.
- WLMA reserves the right to refuse any Vendor with products that may conflict with the existing retail areas.
- WLMA reserves the right to inspect all displays and determine whether they are appropriate for the hospital setting.
- WLMA may withhold permission for a sale or discontinue a Vendor's sale while in progress if necessary but will not do so unreasonably.
- Sale of replicas or "knock-offs" of licensed and copy written merchandise is illegal and is not permitted on HHS property. Vendors may be asked to provide written authorization of being a licensed representative for the company that holds the trademark or copyright.
- All Vendor's must follow staff direction with regards to emergency procedures.
- All Vendor's must follow the HHS Fragrance Free Policy – no open scents, no sampling of perfumes, etc.
- No open flame is allowed, i.e. candle burning
- Any verbal or physical abuse of WLMH Staff/Volunteers or HHS Security will not be tolerated.
- Active solicitation of passers-by and promotion of off-site sales are not permitted.
- The Vendor may not sell the following:
 - Beverages of any type (i.e. coffee, tea, pop, etc.)
 - Individual portions of food (i.e. a piece of pie, muffins or cake, etc.)
 - Floral Arrangements utilizing real flowers
 - Plush/Stuffed Animals

If you have any questions or concerns at any time about the program, please call the WLM Auxiliary Office 905-945-2253 ext 11391 or email WLMA Vendor Coordinator at hospvolunteers@cogeco.ca



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DECLARATION

I, the undersigned, have read the 'Terms and Conditions' attached to this Declaration for the rental space at West Lincoln Memorial Hospital and agree to the content, therein and that I am over 18 years of age.

RELEASE FORM

I, the undersigned, agree to defend, indemnify, and save Hamilton Health Sciences Corporation harmless from all liabilities, fines, suits, claims, loss, cost, expense, judgment or damage on account of injury to persons including death or damage to property, in any way caused by the acts or omissions of the undersigned, its servants, agents, employees, or invitees related to or arising out of the occupation and use of the rented space, the breach or violation of the Terms and Conditions, and anything arising out of the matters to which the Terms and Conditions pertains, together with all legal expenses and costs incurred by Hamilton Health Sciences Cooperation in defending any legal action pertaining to the above.

Vendor's Company Name (complete in full)

Company Representative (please print your name)

Signature

Date



West Lincoln Memorial Auxiliary Vendor Program

VENDOR INFORMATION

Company Name _____

Contact Person _____

Address _____

Postal Code _____

Telephone # _____

Email Address _____

Description of Products _____

Insurance Provider _____

PLEASE let me know if any of this information changes

Email preferred dates along with all signed attached sheets.

Thank you

Jill Howe

WLMA Vendor Coordinator hospvolunteers@cogeco.ca