



INTAKE MEETING REQUEST

Please answer ALL questions to the best of your ability, further information may be required.

Attach additional file if required for some questions.

Note: your expression of interest does not guarantee a meeting or placement.

COMPANY INFORMATION

Company Name: _____

Main Contact: _____

Phone: _____

Email: _____

Website: _____

PRODUCT

Brand name _____

Brief Description _____

1. Where would your product sell at retail?

- Meat/Seafood Produce/Floral Deli Bakery Grocery Dairy Frozen

2. Is your product(s) currently carried by Sobeys, Safeway or IGA?

- NO (move to question 2)
 YES Sobeys Safeway IGA Other

(Please list store locations) _____

Do you have other products that could be considered?

3. Where do you produce your product(s)?

- Commercial Kitchen (prov. inspected) Food Development Centre (FDC)
 Facility owned by you Co-Packer (please provide name) _____
 Other _____

4. What is your current food safety certification?

- Food Handlers GMP HACCP BRC SFGR License
 SQF FSSC 22000 Canada GAP Public Health Inspection
 Other _____

5. Please list the product(s) you would like Sobeys to consider adding to their inventory. Include **package size, number of units per case, delivered cost to store (wholesale) and suggested retail price**. Attach additional file if required.

***Please attach photo of product packaging.**

Product	Size	Units/Case	Cost/Case	Suggested Retail Price

6. IF you retail the product (farmers markets, online or direct to consumer), what is your **retail price?** \$ _____/unit
7. What are the key selling features of your item(s) that make them stand out from national brands? _____
8. Is your product(s) on GS1/ECCnet and published to Sobeys? Yes No
9. Does your product have UPC and NFT labeling? Yes No
10. How do you currently ship to stores? _____
11. What is your order lead time for restocking? _____
12. What is your minimum order requirement? _____
13. Broker name & contact info (*if applicable*) _____
14. Distributor name & contact info (*if applicable*) _____
15. How many stores could you supply? _____
16. What area/region can you supply? _____
17. What is your capacity for production? _____
18. Would you be willing to sample in store? Yes No
19. Do you and/or your sampling staff have food handler certification? Yes No
20. What other retailers are presently carrying your product(s)? List the three largest ones only.

1 _____

2 _____

3 _____

Please provide a PDF of your latest 'sell sheet' or brochure.