



FARMER/ AGRICULTURAL PRODUCER APPLICATION

Farm Name on Certificate: _____

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Cell Phone: () _____ Fax: () _____

E-Mail: _____ Website: _____

Do you carry a second certificate? _____ If yes, whose: _____

List all employees and family members (indicate if they are a family member or an employee):

List all other markets at which you sell (names and days):

Start & End Months you will be selling at the Market: _____

PERMITS & LICENSES: Return application (fax ok) to Diana Rodgers. Please attach the Farm's Certificate, the second certificate if any, Seller's permit for cut flowers and any other required permit or license.

IMPORTANT: No vendor can sell at the market until all required documentation is received and is approved by the Market Manager.

Print your name: _____

Authorized signature: _____ Date: _____