FARMERS MARKET GROWERS STATEMENT

Name of Market: _____

Name _____

Mailing Address: _____ City _____ Zip _____

Farm Address (if different) _____ Farm Name _____

Phone: Home _____ Work _____ Fax _____

Others who may be selling for me _____

I expect that I will have product for sale beginning _____ ending _____

I will be selling the following (use the back of this page if more space is needed):

Crop/Product	Ft/Row or Acres	Time of Year
VEGETABLES		
FRUITS		
PLANTS OR FLOWERS		

EGGS/POULTRY _____

DAIRY/CHEESE _____

MEAT _____

HONEY _____

OTHER _____

Certified Organic _____ Certified By _____ # of Years _____

I expect to be re-selling other growers products? (yes or no) _____

Signature of Grower: _____

Verification of President of Association: I affirm that the above applicant has the capacity to produce the items listed, barring unforeseen circumstances.

Signature of President	Phone	Date	County