



Mississippi Certified Farmers Market Membership Application

Factors that define the term "Farmers Market" and distinguish farmers markets from road-side stands, grocery stores, and from other types of food marketing outlets include groups of farmers selling produce and food products they raise or home process to individual customers at a temporary or permanent location, often on public property, such as a street or parking lot on a periodic basis, typically once or twice a week for a set period of time, usually 3 or 4 hours. This generally occurs during the local growing season, usually 5 or 6 months and is operated by a government or non-profit organization.

Name of Farmers Market: _____

Name of Market Manager: _____

Days and Hours of Operation of Market: _____

Beginning and ending days and dates of market's season: _____

City and Location of Market: _____

County of Market: _____

Physical address of Market: _____

Mailing Address: _____

Phone: _____ Email: _____

Website: _____ Facebook Page: _____ Twitter: _____

Market operated by: (check one) Grower's Association Non-Profit Corporation Government Entity other (please specify) _____

- For grower's association please provide name _____
- For Non-Profit please include documentation when returning your application

How many active members/vendors sell at your market for each period of time? 1 day per week/month 2-4 days per week/month 5-7 days per week or month.

Based on your days and hours of operation (7 days a week or less) please indicate what you consider active participation by your growers. _____

How many active members are Mississippi growers? _____

What percentage of your market's produce is grown in Mississippi? _____

What is the process by which your growers/vendors are certified to sell at your market?

On-site inspection Telephone verification Written confirmation
 Other _____

Does your market allow farmers to co-op? Yes No (i.e. one or more farmers work together to sell his/her goods as well as their own).

Does your market allow farmers to purchase produce from an outside source and re-sell?
 Yes No. *If yes, what is the percentage?* _____

Does your market offer the following at any time during the year? (*Please check*):

Eggs Meat Products Dairy Shellfish

Does your market participate in the Farmers Market Nutrition Program?

WIC Yes No. *Senior Program* Yes No.

Does your market have a Board of Directors or Advisory Board? Yes No. *If yes, please provide the names and contact information with application.*

Does your market have a retail food establishment located within or in partnership with your market?
 Yes No. *If yes, please provide the name of the establishment.* _____

Does your market have vendors that re-sell processed food products? Yes No
If yes, how many? _____

Does your market have written by-laws or market rules? Yes No. *If yes, please provide a copy with the application.*

Does your market have the capability to accept EBT as a form of payment? Yes No. *If yes, please specify who has the EBT device.* Market Individual Vendors Both.

Does your market participate in the Fresh \$avings Program offered by AARP? Yes No.

By my signature on this form, I hereby certify that the above provided information is true and accurate to the best of my knowledge. I hereby consent to all the terms of this certification and agree to abide by all rules, regulations, and policies of the State of Mississippi, the Mississippi Department of Agriculture and Commerce and the Mississippi Certified Farmers Market.

Market Manager Signature

Date