MISSISSIPPI FARMERS MARKET

Farm Certification Application 2016

Farm/Business Name: _____ County of Operation: _____

Operator(s) Name(s): _____ Business Phone: _____

Email: _____ Website: _____ Facebook: _____

Cell Phone: _____ Acres in Production Farm Size: ( ) Over 100 ( ) 50-100 ( ) 1-50 ( ) Less than 1 acre

Physical Address of Farm:

_____

_____

_____

Mailing Address:

_____

_____

_____

Additional Phone Numbers

(Name/Type)	(Number)
_____	_____
_____	_____

What farm goods will you bring to the Market? **If you plan to bring Processed or Crafts items, you must fill out those Applications as well.**

( )Fruits ( )Vegetables ( )Eggs ( )Honey ( )Beef ( )Pork ( )Lamb ( )Seafood ( )Milk ( )Cheese ( )Butter ( )Nuts ( )Grains ( ) Plants

What forms of payment do you accept? ( )Cash ( )Checks ( )Debit/Credit ( )EBT/SNAP ( )Vouchers ( )Tokens

When do you plan to sell? ( )Jan ( )Feb ( )March ( )April ( )May ( )June ( )July ( )Aug ( )Sept ( )Oct ( )Nov ( )Dec

Please list the crops you plan to grow this year and estimated acreage (or units) for each crop:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

List any farmers with whom you may co-op to sell their products. Please include a contact number. These farmers will need to be certified and will also receive a farm visit from Market Authorities.

_____

_____

_____

By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and policies of the State of Mississippi, the Mississippi Department of Agriculture and Commerce, and the Mississippi Farmer's Market.

_____ _____

Applicant's Signature *Date*

Confirmed and Certified by:

_____ _____ _____

Signature *Title* *Date*