

Processed Foods Certification Application 2018

Business Name:		County of Operation:			
	rator(s) Name(s): Business Phone:				
Email:	Website:	Facebook	Facebook:		
Cell Phone:					
Physical Address of Operation:	Mailing Address:		ional Phone Numbers 2/Type) (Numb	er)	
What forms of payment do you acce	ept? ()Cash ()Checks ()D	pebit/Credit () SNAP/EE			
When do you plan to sell? ()Jan ()Feb ()March ()April ()Mar	y ()June ()July ()Aug	()Sept ()Oct ()No	ov ()Dec	
Are you a: ()Cottage Food Vendo	r ()Commercially-Licensed (Operation			
Please list the products you intend to f you have more products, please at		ow:			
Confections	Jams/Jellies	/Jellies Baked Goods		Specialty Foods	
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ALL VENDORS MUST SUBMIT WITH THIS COMPLETED APPLICATION A LABEL FOR EACH PRODUCT SOLD. In addition, Cottage food vendors' labels **must** contain the statement and labeling information depicted in Senate Bill #255356

NEW VENDORS TO THE MISSISSIPPI FARMERS MARKET MUST ALSO SUBMIT: Examples of Packaging and Product Samples

Please attach copies of all food safety training certifications and applicable permits that you currently hold to this application. COMMERCIALLY-LICENSED OPERATORS MUST SUMBIT A COPY OF ALL PERMITS AND TRAINING DIPLOMAS OR CERTIFICATIONS.

CONTACT MSDH AT 601-576-7689 to verify which food safety training certifications and/or applicable food permits are required for the products you intend to sell at the Mississippi Farmer's Market

^{*} NOTE: Only Non-Hazardous foods that do not require refrigeration can be sold by Cottage vendors

· · · ·	, I hereby consent to all the terms of th he Mississippi Department of Agricultu		
	Applicant's Signature	 Date	
Confirmed and Certified by:			
Signature	Title		Date