Mississippi Certified Farmers Market Membership Application

Factors that define the term "Farmers Market" and distinguish farmers markets from roadside 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.

Farmers Market: _____

Market Manager: _____

Days and Hours of Operation of Market: (*i.e., Tuesday & Thursday, 8:00 a.m. – 1:00 p.m.*) _____

_____

Beginning and ending days and dates of market's season: (*i.e., Saturday, May 4 – Saturday, October 12)*

_____

City and Location of Market: _____

County of Market: _____

Physical address of Market: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Website: _____ **Facebook Page:** _____ **Twitter:** _____

Instagram: _____ **Other Social Media Platform:** _____

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 vendors do you average on a regular market day? _____

How many vendors do you average on a slow market day (early or late season)? _____

How many active vendors 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 who 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 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 bylaws 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 Farmers Market Nutrition Program?

WIC **____ Yes ____ No.** ***Senior Program*** **____ Yes ____ No.**

NOTE TO APPLICANT: Each question included in this application for membership in the Certified Farmers Market Program is very important. Therefore, it is necessary that you answer every question entirely and provide additional copies and/or information where requested.

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