



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