

USDA FARMERS MARKET APPLICATION

Upon completion, mail or fax application to:
USDA/AMS/TM/MSB
1400 Independence Avenue, S.W., Rm. 2646-South
Washington, D.C. 20250
(202) 690-0031 – fax

For more information call:
1-800-384-8704

Name: _____ Other Farmers and/or
Employees Participating in Mkt: _____

Farm/Business Name: _____

Farm/Business Address*: _____

(city)

(state)

(zip)

(county)

*Please attach a map and directions to this location.

Mailing Address (if different): _____

(city)

(state)

(zip)

Home Phone: _____ Business Phone: _____

Mobile/Beeper: _____ E-mail Address: _____

Farm Acreage: Total: _____ Type of Vendor*: _____

*Please indicate specific types of products sold on page 2 of this application.

Certified Organic: _____yes _____no

Do you have farm liability insurance which covers incidents that may occur off your farm premises?
_____yes _____no

Do you have product liability insurance? _____yes _____no

If you answered yes to any of the above liability insurance questions, please provide the following information: _____

Name of Policy Holder

Policy Number

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Product	Month(s) Available	Product	Month(s) Available
Apples		Lettuce	
Apricots		Okra	
Blackberries		Onions	
Blueberries		Peas	
Cantaloupes		Peppers	
Cherries		Potatoes	
Grapes		Radishes	
Nectarines		Squash	
Peaches		Tomatoes	
Pears		Turnip Roots	
Plums		Zucchini	
Raspberries		Pumpkins	
Strawberries		Jam/Jellies	
Watermelons		Honey	
Asparagus		Baked Goods	
Beans		Apple Cider	
Beets		Cheese	
Broccoli		Herbs	
Brussels Sprouts		Flowers	
Cabbage		Plants	
Carrots		Fish	
Corn		Meat	
Cucumbers		Poultry	
Eggplant		Other:	
Greens			
Leeks			

Certification of Application

I certify that the information in this application is, to the best of my knowledge, true and accurate and that I am a legal owner and/or representative of the above-named farm/business.

Signature of Farmer/Vendor

Date