## **USDA FARMERS MARKET APPLICATION**

For more information call: 1-202-720-8317

Name:		Other Farmers and/or Employees Participating in Mkt:			
Farm/Business Name:_					
Farm/Business Address	*:				
(city)	(state)	(Z	ip)	(county)	
*Please attach a map ar	d directions to this	s location.			
Mailing Address (if differ	ent):	(city)	(state)	(zip)	
Home Phone:		Business	Business Phone:		
Mobile/Beeper:		E-mail Ad	E-mail Address:		
Farm Acreage: Total: *Please indicate specific types					
Certified Organic:	yesn	0			
Do you have farm liabilit yes		covers incidents	that may occur o	ff your farm premises?	
Do you have product lial	oility insurance?		_yesn	0	
If you answered yes to a information:					
	Name of Policy Holder	•	Poli	cv 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