FLORIDA TOMATO COMMITTEE

800 Trafalgar Court, Suite 300 • Maitland, FL 32751 Phone (407) 660-1949 • Fax (407) 660-1656 www.floridatomatoes.org

Date:	

20___ - 20___ APPLICATION FOR CERTIFIED TOMATO REPACKER CERTIFICATE

I hereby	y make application for registration	as a Certified Tomato Repac	ker for the 20 20 season.		
1.	Physical address of all location(s) of grading and packing facilities in the regulated area:				
2.	Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association, or other busines unit):				
3.	If other than individual, show below names and addresses of the officers, partners, or other individual having a financial interest in the business with the applicant.				
	Name	Title	Address, City, State, Zip code		
4.	How many years has applicant been engaged in the tomato repacking business in Florida?				
٦.	Business Name of Applicant:				
	Mailing Address:				
	City, State, Zip Code:				
	Mailing Address:				
	City, State, Zip Code:				
	Telephone Number: Fax Number:				
	Email address:				
By:					

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Title

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Authorized Signature