

FLORIDA TOMATO COMMITTEE

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

20__-20__ APPLICATION FOR REGISTRATION AS TOMATO HANDLER

I hereby apply for registration as a Tomato Handler for the 20__-20__ season.

1. Physical address of all location(s) of grading and packing facilities in the production area:

2. Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association or other business unit): _____

3. If other than individual, show below names and addresses of the officers, partners, or other individuals having a financial interest in the business with the applicant.

Name	Title	Address, City, State, Zip code

4. How many years have you been in the tomato business in Florida? _____

Business Name of Applicant: _____

Street Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

By: _____
 Authorized Signature and Title Print Name

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CRITICAL INFORMATION REQUEST

Please provide the information below for each grower who you expect will be shipping through your packing facility for the 20__ - 20__ season. This information is needed to ensure that your growers are kept up-to-date on Florida Tomato Committee (Committee) activities and on subjects affecting the Florida tomato industry as a whole, such as: Medfly alerts; government regulations; labor situations; market conditions; etc. Return this form with your application for registration as a tomato handler.

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

(Make additional copies to list additional growers if necessary.)