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 make application for registration as a Certified Tomato Repacker 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 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 has applicant been engaged in the tomato repacking business in Florida? _____
Business Name of Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

By: _____ _____
Authorized Signature Title

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