

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__ - 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.

Table with 3 columns: 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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