USDA FARMERS MARKET APPLICATION

Upon completion, mail or fax application to:

Velma Lakins
USDA/AMS/TM/MSB
1400 Independence Avenue, S.W., Rm. 2642-South
Washington, D.C. 20250
(202) 690-0031 – fax

For more information call:
1-800-384-8704

Name:_____ Other Farmers and/or Employees:_____

_____

Farm/Business Name:_____

Farm/Business Address*:_____

_____ _____
(city) (state) (zip) (county)
*Please attach a map and directions to this location.

Mailing Address (if different):_____
(city) (state) (zip)

Home Phone:_____ Business Phone:_____

Mobile/Beeper:_____ E-mail Address:_____

Farm Acreage: Total:_____ Type of Vendor*:_____
*Please indicate specific types of products sold on page 2 of this application.

Certified Organic: _____yes _____no

Do you have farm liability insurance which covers incidents that may occur off your farm premises?
_____yes _____no

Do you have product liability insurance? _____yes _____no

If you answered yes to any of the above liability insurance questions, please provide the following information: _____ _____
Name of Policy Holder Policy Number

Product	Month Available	Product	Month Available
Apples		Eggplant	
Apricots		Greens	
Blackberries		Leeks	
Blueberries		Lettuce	
Cantaloupes		Okra	
Cherries		Onions	
Grapes		Peas	
Nectarines		Peppers	
Peaches		Potatoes	
Pears		Radishes	
Plums		Squash	
Raspberries		Tomatoes	
Strawberries		Turnip Roots	
Watermelons		Zucchini	
Asparagus		Pumpkins	
Beans		Jam/Jellies	
Beets		Honey	
Broccoli		Baked Goods	
Brussel Sprouts		Apple Cider	
Cabbage		Herbs	
Carrots		Flowers	
Corn		Plants	
Cucumbers		Other:	

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