



## Farmer Application to Sell

Farm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Please list below all items you intend to sell at the market. For each crop include approximate harvest season. Use back if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete, usable directions to your farm location(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a Go Texas member? \_\_\_\_\_ If so, what is your GoTexas number? \_\_\_\_\_

Include copies of all applicable documents: Organic Certificate, Certificate of Registration for Weights and Measures, Liability Insurance Policy. If selling plants or flowers, we need nursery floral license and a state sales tax number.

I hereby certify that all the information contained in this application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**FARMERS MARKET MEMBER STATEMENT**

**GROWER** \_\_\_\_\_

**NAME of  
MARKET**

**NON-**

**ASSOCIATION**    **GROWER** \_\_\_\_\_

Business Name if applicable \_\_\_\_\_

Name of Individual \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Farm Address (if different) \_\_\_\_\_ Farm Name \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Day Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Phone \_\_\_\_\_

Others who may be selling for me \_\_\_\_\_

I expect that I will have produce or product for sale beginning \_\_\_\_\_ ending \_\_\_\_\_

I will be selling the following (use the back of this page if more space is needed):

Crop/Product	Ft/Row or Acres	Time of Year
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**VEGETABLES**


**FRUITS**


**PLANTS OR FLOWERS**


**EGGS/POULTRY**

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DAIRY/CHEESE

MEAT

HONEY

NON-PRODUCE SOLD

Certified Organic \_\_\_\_\_ Certified By \_\_\_\_\_ # of Years \_\_\_\_\_

I expect to be re-selling other growers products who are members  
(yes or no) \_\_\_\_\_

I expect to be re-selling other growers products who are NOT members ( yes or no )

**Member/Applicant**

**Signature**

Verification of President of Association: I affirm that the above applicant has the capacity to produce the items listed, barring unforeseen circumstances and/or sells the products listed.

\_\_\_\_\_  
Signature of President                      Phone                      Date                      County