

OVER

Will another individual(s) represent you or operate your space in your absence? If yes, please list their name(s) and contact information.

List other growers with whom you may share stall space (must be other certified growers)._____

By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and policies of the State of Mississippi, the Mississippi Department of Agriculture and Commerce, and the MS Farmers Market.

Signature

Date

Confirmed and Certified by:

Signature

Title

Date

MS Farmers Market Director
929 High Street
Jackson, MS 39202
601-354-6573