

**MS Farmers Market Application for Certification  
Vendors**

Name: \_\_\_\_\_  
 County of Operation: \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Please identify all categories to which your products apply by circling the following:

- |          |               |                 |       |
|----------|---------------|-----------------|-------|
| Honey    | Jams/Jellies  | Baked Goods     | Soap  |
| Crafts   | Oils/Lotions  | Specialty Foods | Art   |
| Textiles | Wood Products | Furniture       | Other |

Please specify each product you plan to sell for each category marked above (more space provided on back):

| Category | Products |
|----------|----------|
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |

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 vendors with whom you may share stall space (must be other certified vendors). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Category | Products |
|----------|----------|
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
|          | _____    |
|          | _____    |
|          | _____    |
|          | _____    |
|          | _____    |
|          | _____    |

*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

\_\_\_\_\_  
Richard Butler  
MS Farmers Market Director