

**MS Farmers Market Application for Certification
Vendors**

Name: _____
County of Operation: _____
Home: (____) _____ Cell: (____) _____ Other: (____) _____
Address: _____

Email: _____

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.

Over

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

MS Farmers Market Director

