



2011 VENDOR MEAT APPLICATION

Name: _____

Farm/Business Name: _____

Mailing Address: _____

Address of Farm If Different _____

Preferred Phone: _____ Alternate Phone: _____

E-mail: _____

Are you the (please circle one): OWNER FAMILY MEMBER REGISTERED AGENT
OF FARM

What type of meat animals will you be selling at Stone County Farmers Market?

How many animals do you plan to process for this market season? _____

Do you purchase livestock from other certified farmers? _____

Do you purchase livestock outside of the State of Arkansas? _____

If yes, from who and/or where?

Do you use any hormones, chemicals or antibiotics for your animals? _____

Where are your animals processed? _____

Are your animals certified organic? _____ if yes, please attach certification.

When do you plan to attend Market? _____

Will you be participating with the CAFM Online Market? _____

Beverly Dunaway
Executive Director/Market Manager
Post Office Box 539
Mountain View, Arkansas 72560
PH (870) 213-5185
FAX (870) 213-5185
bevdunaway@gmail.com
www.stonecountymarket.com



OWNER/PRODUCER _____

FARM NAME _____

By my signature below I hereby certify that the above information provided for the purpose of determining my eligibility to participate at Stone County Farmers Market (SCFM), a Certified Arkansas Farmer's Market (CAFM) , and authorize a farm inspection and hereby give permission to the CAFM Manager or designee to verify this information to be true. The undersigned applicant shall indemnify, defend and save harmless SCFM and CAFM, its officers, employees, agents and representatives from and against all actions, liability, claims, suits, costs, claims, damages and expenses of any kind, including attorney's fees, which are made against or incurred by SCFM and/or CAFM arising from the undersigned applicant's negligence, improper conduct or failure to perform or performance of any of its obligations under the terms of rules, regulations and Bylaws of SCFM/CAFM. The act or omission of any agent, employee, officer or representative of the undersigned applicant is deemed the act or omission of the undersigned applicant

Signature Date: _____

INSPECTION DATE: _____ INSPECTED BY: _____

Approved _____ Animals on Farm _____

USDA Label _____ Verified _____

NOTES:

Beverly Dunaway
Executive Director/Market Manager
Post Office Box 539
Mountain View, Arkansas 72560
PH (870) 213-5785
FAX (832) 218-5785
bevdunaway@gmail.com
www.stonecountymarket.com