



## 2011 VENDOR PRODUCE APPLICATION

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

Farm/Business Name: \_\_\_\_\_

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

Address of Farm If Different \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

1. Please circle one. Are you the OWNER, FAMILY MEMBER, or REGISTERED AGENT of farm?
2. List produce you are planning to sell and provide diagram of crop plan on the back of this application (attach additional page if necessary).
3. When do you plan to attend the Market? \_\_\_\_\_
4. Will you participate with the CAFM Online Market? \_\_\_\_\_
5. Are you Certified Organic? \_\_\_\_\_ if yes, please provide original and copy of certification.
6. Do you have a certified kitchen available? \_\_\_\_\_ If yes, please provide permit.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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