

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

If you intend to sell farm fresh eggs at the Mississippi Farmers Market please request a copy of the permit requirements from the Market Manager.