

**MS Farmers Market Application for Certification  
Processed Food Vendors 2012**

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

County of Operation: \_\_\_\_\_

Home: (\_\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_\_)\_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

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

Honey

Jams/Jellies

Baked Goods

Specialty Foods

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

Category	Products
_____	_____
	_____
	_____
_____	_____
	_____
	_____
_____	_____
	_____
	_____
_____	_____
	_____
	_____

You may submit examples of your packaging, labels, booth layout designs and product samples with your completed application.

Will another individual(s) represent you or operate your space in your absence? If yes, please list their name(s) and contact information.

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

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**Contact the Mississippi State Department of Health at 601-576-7689 to verify which food safety training certifications and/or applicable food permits are required for the products you intend to sell at the Mississippi Farmers Market.**

List all food safety training certifications and applicable permits that you currently hold and include a copy of each with the completed application:

*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:**

\_\_\_\_\_  
MFM Director

\_\_\_\_\_  
Date