

**State of Alabama Farmers Market Authority
Farmers Market Certification Application**

Applicant Information:

Name of Farmers Market: _____

Market Manager or Contact Person:

Name: _____

Phone: () _____ E-mail address: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Market Information:

Please check one: _____ Seasonal market _____ Year-round market

Market website address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Schedule of Operation:

Months: _____ to _____

Days: _____

Hours: _____ to _____

Attach a copy of your market rules and regulations.

As the applicant, I hereby certify that the information provided on this application is true and that the Certified Farmers Market will be operated in compliance with the Alabama Department of Agriculture and Industries Administrative Code Chapter 80-7-1 Certification of State Farmers Markets.

Applicant Signature: _____ Date: _____

For questions please contact: Don Wambles, (334) 240-7249, don.wambles@agi.alabama.gov