Tri-State Community Market

Membership Information

Member:

Name (Please print clearly)

Mailing Address

City State Zip

Farm Address (if different)

City State Zip

Phone # (main)

Phone # (alt)

Additional people selling for member

Name (Please print clearly)

Mailing Address

City State Zip

Name (Please print clearly)

Mailing Address

City State Zip

For Office Use Only

Membership Info

Date Paid _____ Total Paid $_____

Res Stall# _____ Res Fee $_____

Yearly Stall $_____ Daily Stall $_____

Membership$ _____ Cash ____ Check ____

Permits and Expiration

Growers' Permit _____

Cottage Food Certificate _____

Apiary Inspection _____

Annual Food Permit _____

Food Handler's License _____

Limited Poultry/Eggs _____

Dairy _____

Meat (Beef, Pork) _____

Seafood _____

FWC Take Permit _____

Nursery Registration _____

Other _____

You are approved to sell:

Fresh Produce: ○Fruit ○Nuts ○Vegetables ○Herbs

Cottage Food: ○Jams & Jellies ○Baked Goods ○Honey ○Candy/Popcorn/etc ○Flavored Vinegars ○Coffee, Tea, etc

Prepared Food: ○Commercial Kitchen, prepackaged, ready to eat food

Meat/Dairy: ○Poultry/Eggs ○Dairy ○Beef ○Pork ○Seafood ○Misc

Plants: ○Edible ○Ornamental

Misc: ○Flowers ○Firewood ○Some Services

Crafts: ○Crafts (See PAC form for approved crafts)

Tri-State Community Market
PO Box 47
Marianna, FL 32447

Statement of Understanding (Liability Release)

Print Member Name _____

In exchange for the use of a portion of the Madison Street Park and Pavilion as the Tri-State Community Market, I, along with any and all persons listed on the reverse side of this document and any of my representatives, agree to now and forever, hold harmless and release from any financial responsibility the following:

* Tri-State Community Market, it's members and Board of Directors
*The city of Marianna and it's employees
*The Jackson County Cooperative Extension Service and it's employees
*The Florida County of Jackson and it's employees
*The University of Florida Institute of Food and Agriculture Sciences and it's employees
*The Florida Department of Agriculture And Consumer Services and it's employees

I agree to use only those chemicals approved by the Florida Department of Agriculture and Consumer Sciences (FDACS) for use on my crops and follow all label instructions.

I agree to obtain and show proof of insurance for all vehicles I bring to the Market.

I have received a copy and read, or had explained to me and understand all rules, regulations & Bylaws set forth by the State of Florida, Department of Agriculture (FDACS), the City of Marianna and Tri-State Community Market and agree to abide by them.

Vehicle and Insurance Information

Insurance Company _____ Policy # _____

Vehicle 1 Plate #_____Vehicle 2 Plate# _____

Member Signature _____Date _____