

CERTIFIED FARMERS MARKET APPLICATION



COMMISSIONER TODD STAPLES
TEXAS DEPARTMENT OF AGRICULTURE

Texas Department of Agriculture

Certified Farmers Market Application



Applicant Information

Primary Market

If market has multiple locations, please use the attached Supplemental Sheet to list additional information.

Market Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Website Address: _____

Social Media Addresses:

Facebook: _____ Twitter: _____ Other: _____

Days and Hours of Operation

Seasonal Market (open 1-26 weeks per year) Yearly Market (open 27-52 weeks per year)

Days:	Open:	Closed:	Time Open:	Time Closed:	Closes at Sellout:
Monday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

Market Manager Information

First Name: _____ M.I. _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Ext: _____ Fax #: (____) _____

Email Address (required): _____

Business Type

- | | | |
|--|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Government |
| <input type="checkbox"/> 501 C3 | <input type="checkbox"/> Other | |

GO TEXAN Membership

- Yes, the market is a current member. Account #: _____
- No, the market is not a member. Federal Tax ID #: _____

Visit gotexan.org for information about GO TEXAN member benefits and how to apply.

Economic Impact

To help TDA determine and emphasize the economic impact and importance of farmers markets in Texas, please provide the estimated annual market sales for the previous year: \$_____

Certification Fees

An annual certification fee will be assessed to all markets with their application. The fee is based on the number of weeks per year the market operates. Fee will also be assessed for markets with multiple locations.

	Total
<i>Primary Market</i>	
<input type="checkbox"/> Seasonal Market (open 1-26 weeks per year): + \$50	+ \$_____
<input type="checkbox"/> Yearly Market (open 27-52 weeks per year): + \$100	+ \$_____
<i>Additional Locations</i>	
<input type="checkbox"/> # of additional market locations (excluding the primary market): _____ x \$25	+ \$_____
<hr/>	
<i>Subtotal</i>	= \$_____
<i>GO TEXAN Member Discount</i>	
<input type="checkbox"/> Current members: -50% from subtotal	- \$_____
<hr/>	
<i>Grand Total</i>	= \$_____

Eligibility and Application Checklist

In order to be certified by the Texas Department of Agriculture (TDA), farmers markets MUST comply with and submit each of the following:

- The farmers market bylaws require that 75% of all agricultural products sold through the farmers market are grown in Texas.
- The farmers market bylaws require that at least two or more of its members are farmers selling their own produce.
- The farmers market bylaws require that all agricultural products sold at the market shall be of merchantable quality.
- Submit a current list of officers (president, vice president, secretary, treasurer or equivalent) that includes name, address and phone numbers for each.
- Submit a current list of members. Please identify members that are farmers growing and selling their own product and where the product is grown.
- Submit a current copy of the market bylaws.
- Submit this application, completed in full.
- Submit payment in full (made payable to Texas Department of Agriculture) to:

Texas Department of Agriculture
Marketing and International Trade Division, Attn: Specialty Crop Program
PO Box 12847
Austin, TX 78711

Signature

Applicant agrees to comply with local municipal, county and state health and safety regulations, rules and requirements of the Texas Department of Agriculture.

I hereby certify that I am authorized to sign this application on behalf of the above-stated farmers market.

Signature and Title

Date

Supplemental Sheet

Please use this sheet to list additional market locations. Make copies if more sheets are necessary.

Additional Market Location

Market Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Website Address: _____

Facebook: _____ Twitter: _____ Other: _____

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Friday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>