

# Texas Department of Agriculture Certified Farmers Market Application Form

## Business Type

- Corporation  
 Limited Liability Company  
 Limited Partnership  
 General Partnership
- Sole Proprietorship  
 Government  
 Organization

## Applicant Information

Name of market association: \_\_\_\_\_

Comptroller Tax ID No.: \_\_\_\_\_ or Federal ID No.: \_\_\_\_\_ or Texas Driver's License No.: \_\_\_\_\_  
(if sales tax is collected) **(this information is required)**

## Market Manager Contact

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would you prefer to be contacted by E-mail?  Yes  No

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## Market Information

Please check one:  Seasonal market  Year-round market

Market Web site address: \_\_\_\_\_

Physical address of location(s). *Please use attached sheet to list additional markets*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Directions to physical location if address above is difficult to find:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Days and hours of operations

Days:	Open	Closed	Hours:	Open	Closed	
Monday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Thursday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Friday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Saturday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Sunday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out

### Eligibility

Please indicate that the following eligibility requirements have been met by checking the box next to the requirement.

- The farmers market association bylaws require that a certain percentage of all agricultural products sold through the farmers market are grown in Texas;
- The farmers market association bylaws require that a certain number, at least two or more, of its members are farmers selling their own produce; and
- The farmers market association bylaws require that all agricultural products sold at the market shall be of merchantable quality.

### Membership

Attach a current list, including the names, addresses and phone numbers, of officers (president, vice president and secretary-treasurer). Include a list of members and a copy of market bylaws with this application. On the list of members, please note those members that are farmers growing and selling their own product and where the product is grown. (See Texas Administrative Code, Section 17.73.)

To help the Texas Department of Agriculture tout the economic impact and importance of farmers markets in Texas, please give the estimated annual market sales for the previous year: \_\_\_\_\_

List activities you offer that the Texas Department of Agriculture can use to help promote your market:

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### Signature

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

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

Signature and title

Date

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

**Physical location of market(s):**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Directions to physical location if address above is difficult to find:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Days and hours of operations**

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Saturday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out
Sunday	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/> Until sell out

**Physical location of market(s):**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Directions to physical location if address above is difficult to find:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Days and hours of operations**

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