

**SHELBY COUNTY FARMERS' MARKET
MEMBERSHIP APPLICATION**

Name: _____ **Date:** _____

Address: _____

City: _____

State: _____ **Zip:** _____

E-mail Address: _____

Website Address: _____

Phone: _____ **Cell Phone:** _____

Are you a Certified Micro-Processor? _____
If yes, a copy of your License must be submitted.

Are you a Certified Home Based Processor? _____
If yes, a copy of your License must be submitted.

Are you Certified to offer samples of HB391 products? _____
If yes, a copy of your Certificate must be submitted.

Are you Certified to offer samples of raw fruits and /or vegetables? _____
If yes, a copy of your Certificate must be submitted.

Products you will be selling at this market: _____

I agree to the regulations and by-laws, a copy of which I have received, for the Shelby County Farmers' Market. I understand and agree to the following, (if applicable) being my responsibility:

Compliance with HB 391; Product liability insurance, any certificates or licenses and any required display of same.

I understand that my membership may be revoked by not following these regulations and bylaws.

Signed:

Dated: