



**ACFM PRODUCER CERTIFICATION
Form
VALID March 2011 – March 2012**

Name: _____ Phone: _____/_____

Mailing Address: _____

E-Mail: _____ Website: _____

Ashe County location where product is grown, produced or made _____

Sharing Space - **NO MORE THAN 2 VENDORS PER SPACE:** _____

Designated Agent – If I am not able to sell at Market: _____

Please be specific. Customers may contact the Market Manager to inquire about certain items available at the market or from your farm. Information will be obtained from this form.

Nursery Crops	*Processed Foods	Flowers	Fruits	Vegetables
1)	1)	1)	1)	1)
2)	2)	2)	2)	2)
3)	3)	3)	3)	3)
4)	4)	4)	4)	4)
5)	5)	5)	5)	5)
6)	6)	6)	6)	6)
7)	7)	7)	7)	7)
Honey/Molasses	Meats/Dairy/Eggs	Herbs	Other	8)
1)	1)	1)	1)	9)
2)	2)	2)	2)	10)
3)	3)	3)	3)	11)
4)	4)	4)	4)	12)
5)	5)	5)	5)	13)
6)	6)	6)	6)	14)
7)	7)	7)	7)	15)
				16)
				17)

Total Acreages In Production _____ Do you have wholesale amounts available? _____

*All processed foods require a kitchen inspection/annual water test certification form must be available at the vendor's booth and kept on file by the Market Manager.

I understand that my signature affirms that I am a Producer in Ashe County and that my product is HOME GROWN or HAND MADE in Ashe County. I understand that no vendor refunds will be given under any circumstances.

Also, I understand, that my signature affirms that I will be available "volunteer" for events, meeting, etc. at some point during the Market Season.

Producer Signature: _____ Date: _____

Space # _____ Grass Area _____ To Be Assigned _____

ACFM, Inc. Representative Signature: _____ Date: _____