

2024 Daily Grower Application



Applicant Name: _____

Mailing Address: _____ City, State; Zip: _____

Phone Number: Home: _____ Cell: _____

E-mail Address: _____
I would like my email address added to the ACFM vendor mailing list: ___ Yes ___ No

Name of Business: _____

Business Address: _____ City, State; Zip: _____
(Where products are produced)

Products you will sell: _____

- *Do any of the products you will sell fall under the cottage food law? Yes ___ No ___; If Yes, you will need to provide proof of Liability Insurance*
- *Selling of Animal Treats or Pet Food; I understand the laws regarding selling meat or dairy "not for human consumption" or "animal treats" and will adhere to them _____ (Initials)*

VENDOR AGREEMENT:

- I am aware that a current and up to date copy of the Market Rules and Regulations and the By-Laws are available on the market website or in print form from the market manager _____ (Initials).
- I have read and am aware of the current Market Rules & Regulations (MRR) of the Alachua County Farmers' Market (ACFM) concerning participation in its Markets and I agree to abide by those Rules & Regulations _____ (Initial).
- I have read and am aware of the current By-Laws of the ACFM and agree to the Articles described therein _____ (Initial).

PHOTO/VIDEO RELEASE: I hereby grant permission to ACFM to use photographs and/or videos taken at the market or on the farm of all parties of my business and the products we produce in publications, news releases, website, and social media, and in other communications related to promotion of the market _____ (Initial).

WEBSITE DIRECTORY:

I would like my business's contact info listed on the market website directory: ___ Yes ___ No

Business Name: _____ Phone Number: _____

Email: _____ Website: _____

Description of products/specialty (no spray, non-gmo, organic):

Member Signature

Date

-----For ACFM Staff use only-----

Approval Process Steps:

1. **\$20 Application Fee Received – Via Mail ___ In-person ___; Check ___ Cash ___; Date:**
 _____ *(Application Fee is for first time applicants only.)*
2. **Board Approval – Yes ___ No ___; Date:** _____
3. **Farm Inspection – Date of inspection:** _____
 ■ **\$40 Inspection Fee + Milage – Received:** _____

APPROVED TO VEND: _____ (MM Initials)
 NOT APPROVED TO VEND: _____ (MM Initials)
 Reason: _____

REQUIRED DOCUMENTS:

PLEASE SEE PAGE 2

2024 Annual Membership Application



REQUIRED DOCUMENTS:

(In addition to this ACFM application)

Produce

County Growers Permit ____

ACFM Farm Inspection ____

Horticulture

Nursery Registration ____

ACFM Farm Inspection ____

Apiculture

Apiary Inspection ____

Liability Insurance ____

ACFM Farm Inspection ____

Aquaculture

Aquaculture Certificate of Registration ____

Liability Insurance ____

ACFM Farm Inspection ____

Meat (Livestock) for human consumption

Mobile Food Permit ____

USDA Certification ____

Liability Insurance ____

ACFM Farm Inspection ____

Animal Treats (Meat or Dairy) not for human consumption

Master Feed Permit ____

Liability Insurance ____

ACFM Farm Inspection ____

Cottage Food

Liability Insurance ____

Market Manager Signature

Date