

**ALACHUA COUNTY
DEPARTMENT OF COMMUNITY SUPPORT SERVICES
COOPERATIVE EXTENSION SERVICES**

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**2011
STATE OF FLORIDA
GROWER'S PERMIT
CERTIFICATION OF GROWER**

NAME: _____
(Print)

MAILING ADDRESS: _____

City State Zip

PHONE: Day: _____ Evening: _____

I certify that I grow agricultural products in Alachua County, Florida and all products listed on the attachment for sale were grown by me. By signing this certification, I agree to allow verification of the statements I have made.

Signature of Grower: _____ Date: _____

Describe the size and location of all land you have under production:

On back of form, draw a simple map giving clear directions to all parcels used for production, whether by ownership, leased or rented.

COOPERATIVE EXTENSION SERVICE

This permit gives no authority to buy and resell agricultural products. To the best of my knowledge, the information provided above is correct.

Signature of County Extension Director: _____

Date: _____ Alachua County Extension Service

A copy of the permit is on file in the above Extension Office. For purposes of the Alachua County Farmers Market, this permit expires on March 31st of the year following the date of issue.