

**CERTIFIED ARKANSAS FARMER'S
MARKET**
APPLICATION FOR MEAT PRODUCERS

Name: _____

The Name of Your Farm: _____

Mailing
Address: _____

Address of Your Farm, If Different _____

Phone number: _____ Email address _____

Are you the (please circle one): Owner Family Member or Registered Agent of the
Farm

What type of meat animals will you be selling at the Certified Arkansas Farmer's
Market? _____

How many animals do you plan to process for this market season? _____

Do you purchase livestock from other certified farmers? _____ Do you purchase livestock
outside the State of Arkansas? If yes, who and/or where _____

Do you use any hormones, chemicals or antibiotics for your animals? _____

Where are your animals processed? _____

Are your animals certified organic? _____ If yes, please attach certification.

When do you plan to attend? _____ Market Days will begin
May 3 and continue to October 31, 2008.

By my signature below I hereby certify that the above information provided for the purpose of determining my eligibility to participate in the Certified Arkansas Farmer's Market (CAFM) and authorize a farm inspection and hereby give permission to the CAFM Manager or designee to verify this information to be true. The undersigned applicant shall indemnify, defend and save harmless CAFM, its officers, employees, agents and representatives from and against all actions, liability, claims, suits, costs, claims, damages and expenses of any kind, including attorney's fees, which are made against or incurred by CAFM arising from the undersigned applicant's negligence, improper conduct or failure to perform or performance of any of its obligations under the terms of rules, regulations and Bylaws of CAFM. The act or omission of any agent, employee, officer or representative of the undersigned applicant is deemed the act or omission of the undersigned applicant

Signature

Date:

CERTIFIED ARKANSAS FARMER'S MARKET

APPLICATION

Name: _____

The Name of Your Farm: _____
Mailing

Address: _____

Address of Your Farm If Different _____

Phone number: _____ email address _____

Are you the (please circle one): Owner Family Member or Registered Agent for the Farm

List the products planned for the market:

When do you plan to attend? _____ Market Days will begin May 3 and continue to October 31, 2008.

Are you Certified Organic? _____ If yes, please provide certification.

By my signature below I hereby certify that the above information provided for the purpose of determining my eligibility to participate in the Certified Arkansas Farmer's Market (CAFM) and authorize a farm inspection and hereby give permission to the CAFM Manager or designee to verify this information to be true. The undersigned applicant shall indemnify, defend and save harmless CAFM, its officers, employees, agents and representatives from and against all actions, liability, claims, suits, costs, claims, damages and expenses of any kind, including attorney's fees, which are made against or incurred by CAFM arising from the undersigned applicant's negligence, improper conduct or failure to perform or performance of any of its obligations under the terms of rules, regulations and Bylaws of CAFM. The act or omission of any agent, employee, officer or representative of the undersigned applicant is deemed the act or omission of the undersigned applicant.

Signature

Date: