



Jackson County Growers' Association

# Membership Information

<b>Member:</b> <hr/> Name (Please print clearly) <hr/> Mailing Address <hr/> City _____ State _____ Zip _____ <hr/> Farm Address (if different) <hr/> City _____ State _____ Zip _____ <hr/> Phone # (main) _____ <hr/> Phone # (alt) _____ <hr/>	<div style="color: red; font-weight: bold; transform: rotate(-90deg);">             For Office Use Only           </div>	<div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <b>Membership Info</b>          Date Paid _____ Total Paid \$ _____          Res Stall# _____ Res Fee \$ _____          Yearly Stall \$ _____ Daily Stall \$ _____          Membership\$ _____ Cash _____ Check _____       </div> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <b>Permits and Expiration</b>          Growers' Permit _____          Cottage Food Certificate _____          Apiary Inspection _____          Annual Food Permit _____          Food Handler's License _____          Limited Poultry/Eggs _____          Dairy _____          Meat (Beef, Pork) _____          Seafood _____          FWC Take Permit _____          Nursery Registration _____          Other _____       </div>
<div style="background-color: #e0f0ff; padding: 5px; border: 1px solid black; text-align: center; margin-bottom: 10px;"> <b>Additional people selling for member</b> </div> <div style="background-color: #e0f0ff; padding: 5px; border: 1px solid black;"> <hr/>         Name (Please print clearly)  <hr/>         Mailing Address  <hr/>         City _____ State _____ Zip _____  <hr/>         Name (Please print clearly)  <hr/>         Mailing Address  <hr/>         City _____ State _____ Zip _____       </div>		

You are approved to sell:

Fresh Produce: <input type="checkbox"/> Fruit <input type="checkbox"/> Nuts <input type="checkbox"/> Vegetables <input type="checkbox"/> Herbs Cottage Food: <input type="checkbox"/> Jams & Jellies <input type="checkbox"/> Baked Goods <input type="checkbox"/> Honey <input type="checkbox"/> Candy/Popcorn/etc <input type="checkbox"/> Flavored Vinegars <input type="checkbox"/> Coffee, Tea, etc Prepared Food: <input type="checkbox"/> Commercial Kitchen, prepackaged, ready to eat food Meat/Dairy: <input type="checkbox"/> Poultry/Eggs <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Seafood <input type="checkbox"/> Misc Plants: <input type="checkbox"/> Edible <input type="checkbox"/> Ornamental Misc: <input type="checkbox"/> Flowers <input type="checkbox"/> Firewood <input type="checkbox"/> Some Services Crafts: <input type="checkbox"/> Crafts (See PAC form for approved crafts)	
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Jackson County Growers' Association  
PO Box 47  
Marianna, FL 32447

## Statement of Understanding (Liability Release)

Print Member Name \_\_\_\_\_

In exchange for the use of a portion of the Madison Street Park and Pavilion as the Marianna City Farmer's Market, I, along with any and all persons listed on the reverse side of this document and any of my representatives, agree to now and forever, hold harmless and release from any financial responsibility the following:

- \*The Jackson County Growers' Association, Inc., it's members and it's Board of Directors
- \*The city of Marianna and it's employees
- \*The Jackson County Cooperative Extension Service and it's employees
- \*The Florida County of Jackson and it's employees
- \*The University of Florida Institute of Food and Agriculture Sciences and it's employees
- \*The Florida Department of Agriculture And Consumer Services and it's employees

I agree to use only those chemicals approved by the Florida Department of Agriculture and Consumer Sciences (FDACS) for use on my crops and follow all label instructions.

I agree to obtain and show proof of insurance for all vehicles I bring to the Market.

I have received a copy and read, or had explained to me and understand all rules, regulations & Bylaws set forth by the State of Florida, Department of Agriculture (FDACS), the City of Marianna and the Jackson County Growers' Association, d/b/a the Marianna City Farmers' Market and agree to abide by them.

### Vehicle and Insurance Information

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Vehicle 1 Plate # \_\_\_\_\_ Vehicle 2 Plate# \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_