



Wytheville Farmers Market Grower/Producer Certification

This is to certify that

Name _____ Farm Name _____

FSA Farm Number(s) _____

Address _____

Town _____ State _____ Zip _____

Home Telephone (Area Code) _____

Has appeared before me this _____ day of (month) _____ (year)

_____, and affirms that he/she intends to sell these products at the Wytheville Farmers Market. It is also affirmed that there is a suitable disposal site on the farm/home site for unsold/un-acceptable produce, packaging, refuse, etc.

Affirmed: (Farmer/Homeowner) _____

Certified: _____ Office Phone _276-620-4095 _County Wythe
(Manager)

This Grower/Producer Certification will expire on December 31 of (Year) _____

Vegetables		Fruits		Meats	
<u>Crop</u>	<u>Sq.Ft/Ac.</u>	<u>Crop</u>	<u>Sq.Ft/Ac.</u>	<u>Type</u>	<u>Herd Size</u>
Half Runner beans	_____	Apples	_____	Beef	_____
Pole Beans	_____	Blackberries	_____	Pork	_____
Snap Beans	_____	Blueberries	_____	Chicken	_____
Beets	_____	Nectarines	_____		
Broccoli	_____	Peaches	_____		
Cabbage	_____	Pears	_____		
Cantaloupe	_____	Strawberries	_____		
Cucumbers	_____	Other	_____		
Peppers	_____	Other	_____		
Potatoes	_____				
Pumpkins	_____				
Squash	_____				
Sweet Potatoes	_____				
Sweet Corn	_____				
Tomatoes	_____				
Turnips	_____				
Watermelon	_____				
Other	_____				
Other	_____				
Other	_____				

