

Application for Producers

Producer's Name: _____

Business Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ Zip Code: _____ Cell: _____

E-mail : _____ Website: _____

Farm Size/Total Acres: _____ Acres: Organic _____ Conventional _____

Location of Farm: _____

(County Road Intersections – For more locations, please use back)

County of Production: _____

Family Member(s) and Employee(s) who may sell:

NAME	RELATIONSHIP
------	--------------

This application is valid for all of SEE-LA's markets but you may indicate your preference for a particular market below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Atwater Village Farmers' Market
<i>Sunday, 10 am – 2 pm</i> | <input type="checkbox"/> Central Avenue Farmers' Market
<i>Thursday, 10 am – 3 pm</i> | <input type="checkbox"/> Echo Park Farmers' Market
<i>Friday, 3 pm – 7 pm</i> |
| <input type="checkbox"/> Hollywood Farmers' Market
<i>Sunday, 8 am – 1 pm</i> | <input type="checkbox"/> MLK Campus Farmers' Market
<i>Wednesday, 9 am – 2 pm</i> | <input type="checkbox"/> Crenshaw Farmers' Market
<i>Saturday, 10 am – 3 pm</i> |

Have you ever sold at any of SEE-LA's certified farmers' markets?

Yes ___ No ___ If yes, which/when? _____

Other Market(s) at which you sell: _____

Certified Producer's Certificate Number: _____ Exp. Date: _____

F9EI #98 K #K 5 DD@7 5 HCB:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Certified Producer's Certificate | <u>If applicable:</u> |
| <input type="checkbox"/> Detailed map of farm location | <input type="checkbox"/> Employee Agreements |
| <input type="checkbox"/> Produce Worksheet (page 2) | <input type="checkbox"/> Copy of Current Health Permits and Licenses
<i>(For processed foods)</i> |
| <input type="checkbox"/> Applications Use Form (page 3) | <input type="checkbox"/> Copy of State and other Organic
Certificates/Registration |
| <input type="checkbox"/> \$25.00 Application Fee - payable by check or PayPal | <input type="checkbox"/> Copy of Second Certificate |

I request permission to sell at SEE-LA's certified farmers' markets. I have read the Market Rules & Regulations. I agree to abide by these rules and all other laws, codes, and regulations, as amended, to cooperate with Market Management, and to pay all required fees.

Signature of Vendor: _____

Date: _____

Produce Worksheet

Please mark when the items you would like to sell at the Market will be available. Failure to list any crop may result in your not being allowed to bring it to the Market. Complete an additional copy of this form if you want to sell on a second certificate.

Farm Name _____

Crop	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Crop	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Apples													Mushrooms												
Apricots													Nectarines												
Avocados													Nuts												
Artichokes													Okra												
Asian Vegetables													Onions												
Asian Pears													Oranges												
Asparagus													Orchids												
Berries													Peaches												
Beans													Pears												
Beans, shelling													Peas												
Broccoli													Peppers, Bell												
Beets													Peppers, Chile												
Cherries													Persimmons												
Citrus, Specialty													Plants												
Cabbage													Plums												
Carrots													Potatoes												
Cauliflower													Radishes												
Celery													Raspberries												
Chard													Rhubarb												
Corn													Salad mix												
Cucumbers													Scallions												
Chicory													Seedlings												
Dried Fruit													Shallots												
Eggplant													Spinach												
Figs													Sprouts												
Flowers, cut													Squash, Summer												
Garlic													Squash, Winter												
Grapes													Strawberries												
Grapefruit													Tomatoes												
Herbs													Tomato, Cherry												
Kale/Mustard													Trees												
Lemons/Limes													Yams												
Lettuce													Other:												
Leeks													Other:												
Melons													Other:												
Other													Other:												
Other:													Other:												
Other:													Other:												

APPLICATIONS USE FORM

Date/Season: _____

Farm Name: _____

Nearest Town: _____

County: _____

yes no **Certified Organic** by a third party certifier

Name of Certifier: _____

yes no **Registered Organic** with State of California

• **To control pests, we use:**

(Please list all materials which may be applied and all mechanical techniques used.)

• **To control weeds we use:**

(Please list all materials which may be applied and all mechanical techniques used.)

• **To control rot, fungus, and/or spoilage, we use:**

(Please list all materials which may be applied and all mechanical techniques used.)

• **Fertilizers we use:**

(Please list all materials which may be applied and all mechanical techniques used.)

• **To enhance and/or control size, flavor, ripeness or appearance, we use:**

(Please list all materials which may be applied and all mechanical techniques used.)

• **To increase soil fertility and conserve water, we use the following cover crops:**

(Please list all materials which may be applied and all mechanical techniques used.)