

AFM Verified Local Growers Initiative

2009 Application

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Date of Application _____

Applicant's Name _____

Business/Farm Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Email address _____

Farm Address (if different from above)

Total Acreage _____

Cultivated Acreage _____

Leased Acreage _____

Please attach detailed driving instructions to your farm.

An Extension Educator and AFM Representative will conduct the on-site verification. Do you have a preferred date/time for the visit?

Date(s) requested:

Time of day:

Please identify any categories applicable to your operation, then fill out corresponding checklist (on the following pages):

___ Fruits

___ Meat

___ Vegetables

___ Dairy

___ Herbs

___ Eggs

Application Checklist

- Driving directions** to farm location (s)

- Ownership/Lease Identification Records** —
Please provide a copy of **ONE** of the following documents:
 - deed
 - parcel card and plat map
 - rental contract
 - receipt from property tax payment
 - NAP insurance info (*if applicable*)
 - Organic certification forms (*if applicable*)

- A Map of field location(s)** —
Please provide a copy of **ONE** of the following documents:
 - A hand drawn map identifying planting sites
 - An aerial photograph with sites marked by hand

- Cultivation Information** — may include:
 - seed Records
 - seed orders
 - planting journals
 - saved seed list

- Completed and signed application**

- \$30 Check or cash accepted**
-payable to Athens Farmers Market