

DLA FARMERS MARKET

2023 MARKET APPLICATION

Upon completion, email applications in PDF
format to: Kyra.bailey@dla.mil

All applications must be received with supporting
documents by **Monday, May 15, 2023**

For more information, please email:

Kyra.bailey@dla.mil

Section I: General Information	
Vendor's Name: _____	
Business Name: _____	
Address: _____	
City, State Zip: _____	
County: _____	
Business Phone: _____	Home Phone: _____
Mobile Phone: _____	Fax Number: _____
Email Address: _____	Website: _____
Farm Acreage Total: _____	Type of Vendor: _____
Type of Business (i.e. Sole Proprietor, Corporation, LLC, Partnership): _____	
Weekly revenue required to make that market sustainable for your farm/business: _____	
Do you have farm liability insurance which covers incidents that may occur off your premises?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have product liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes to the above liability insurance questions, please provide the following information:	
Name of Policy Holder _____	Policy Number _____
Section II: Vendor Type	
Farmer's & Growers:	
Check each <u>category</u> in which you plan to bring product to market*:	
Fruits: <input type="checkbox"/>	Vegetables: <input type="checkbox"/>
Dairy: <input type="checkbox"/>	Baked Goods: <input type="checkbox"/>
Jams/Jellies: <input type="checkbox"/>	Fruit Butters: <input type="checkbox"/>
Cut-Herbs: <input type="checkbox"/>	Cut-Flowers: <input type="checkbox"/>
Honey: <input type="checkbox"/>	Potted Herbs: <input type="checkbox"/>
Eggs: <input type="checkbox"/>	
Other (Please specify): _____	
Are you a Certified Organic Grower? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Are you Certified Naturally Grown? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Do you use Integrated Pest Management Practices (IPM)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Processors & Prepared Foods Vendors:

Check the type of product that you plan to bring to the market*:

Breads & Baked Goods: ☐

Cheese: ☐

Coffee: ☐

Jams & Jellies: ☐

Ciders/Juice: ☐

Granola: ☐

*Please attach a listing of all products with this application

Other (Please specify):

Section III: Product Availability

Product	Month(s) Available	Product	Month(s) Available
Apples		Eggplant	
Apricots		Greens	
Blackberries		Leeks	
Blueberries		Lettuce	
Cantaloupes		Okra	
Cherries		Onions	
grapes		Peas	
Nectarines		Peppers	
Peaches		Potatoes	
Pears		Radishes	
Plums		Squash	
Raspberries		Tomatoes	
Strawberries		Turnips	
Watermelons		Zucchini	
Asparagus		Pumpkins	
Beans		Jam/Jellies	
Beets		Honey	
Broccoli		Baked Goods	
Brussels Sprouts		Apple Cider	
Cabbage		Cheese	
Carrots		Herbs	
Corn		Flowers	
Cucumbers		Plants	

Certification of Application

I certify that the information in this application is, to the best of my knowledge, true and accurate and that I am the legal owner and/or representative of the above-named farm/business.

Initials of farmer/vendor

Date