



THE LAND OF GOSHEN COMMUNITY MARKET

VENDOR DOCUMENTATION

From the Garden

Please fill in all applicable information. This form must be completed and submitted, along with copies of all certificates, before the Vendor may participate in the Market.

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Location of cultivated land not at this address: _____

Farm _____ acres

Garden _____ sq. ft.

Greenhouse _____ sq. ft.

Cultivation Methods:

Certified Organic* Certification # _____

Certified Naturally Grown Certification # _____

Organic* Methods (not certified)

No/low Pesticide and Herbicide

**The use of the word "organic" is restricted by federal law.*

Please provide applicable copies:

Certified Egg Producer Certification # _____

Meat Brokers License Certification # _____

Meat Processing Name & Location _____

My signature confirms that the above information is true and correct.

Signature: _____ **Date:** _____