



2020 RCFM Producer-Vendor Certification Form

First Name _____ Last Name _____

Business Name _____ Acres of farmland _____

Home Address _____

City _____ Zip _____ County _____

Farm Address (If different from above address) _____

City _____ Zip _____ County _____

Phone # _____ Cell # _____

Email _____

Additional Farm Representatives _____

Checks Payable To _____ Partner Name (if applicable) _____

Do you want your business to be listed on our website Vendor Catalog? Yes No

Business website: _____

Social Media: FB _____ TW _____

IG _____ Other: _____

**** Please list all items you will produce and sell at the RCFM. You are not required to bring all the items you list, however, all items you bring **must be listed**. You may attach another sheet if more space is required. ****

Produce	Produce	Processed Foods	Animal Proteins (meat, eggs, dairy, etc.)	Other (honey, plants, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please read and sign the following statement:

By signing this form, I certify that I grow/make the fruits, vegetables, processed foods, and other items listed above. I have received, understand, and will adhere to the **2020 RCFM Rules and Regulations** Form. I understand that failure to follow market regulations will result in my not being allowed to operate as a RCFM market vendor for one calendar year. I also understand I am subject to an inspection by the Market Manager with her/his delegates and will only be allowed to sell products that I and/or my family, personally, grow(s) or produce(s). If my farm is visited, RCFM representatives must see products of the same maturity and quality and quantity of the goods brought to the RCFM. If this is not observed, I will not be allowed to return to the RCFM until my farm is re-inspected, at which time, I will be charged a \$50 trip fee.

SIGNATURE OF VENDOR

DATE

SIGNATURE OF VENDOR'S COUNTY EXTENSION AGENT

DATE

RETURN TO: UT-TSU EXTENSION OF RUTHERFORD COUNTY, ATTN: HEATHER LAMBERT 315 JOHN R. RICE BLVD, SUITE 101, MURFREESBORO, TN 37129 FORM MAY ALSO BE SCANNED AND EMAILED TO: HLAMBERT@UTK.EDU	ADMINISTRATIVE USE ONLY: VENDOR ID# _____
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