

EASLEY FARMERS MARKET GROWER VERIFICATION FORM

Name	of Farm:				
Locati	on of Farm:				
reselling these gable to	nat/those product(s) at the ng produce or acting as an guidelines, I am subject to apply for readmission to ting agencies and attache	e Easley Far n agent for a n immediate o the Market	mers Market. I also another grower. I u dismissal from the until the next cale	o certify that I am nderstand that if I E Easley Farmers M ndar year. I have I	I do not comply with Market and will not be been certified through
Numb	er of years at this location	1:			
	GROWIN	IG PRACT	ICES (CIRCLE AL	L THAT APPLY)
Bed Ty	z <u>pes:</u> Tilling raised beds	Water	ing Methods: Overhead	Pest C	ontrol: Sprays
0	Double-digging	0	Drip	0	Dust
	Greenhouse	0	By hand	0	Companion Planting
0	Pots	0	Hose		
0	Hydroponic	0	Sprinkler	Weed o	<u>Control:</u> By hand
Soil A	<u>mendments:</u> Fertilizer	0	Rain only	0	Plastic
0	Compost	Water	source:	0	Herbicides
0	Manure	0	Spring	0	Fire
		0	Stream	9 Loo 2	dima
		0	Well	Seed o	<u>r seeding source</u> Catalogs
		0	Municipal	0	Saved seeds
		0	Rain only	0	Cutting Nurseries
				0	Seed is organic

o Seed is non-organic

Other:			
			Si
	Grower na	ame:	
		_	
		Date:	
	Ciana	ture:	