

**The Hitching Lot Farmers' Market:  
Agricultural Vendor Application 2021**

Name: \_\_\_\_\_

County of Operation: \_\_\_\_\_

Home: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_ Other: (\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Please identify your farm's category in terms of acres in production:

\_\_\_ Over 100    \_\_\_ From 50-100    \_\_\_ From 1-50    \_\_\_ Less than 1

Please provide the following information about the crops you plan to grow this year:

<b>Crop</b>	<b>Estimated Acreage (or Units)</b>	<b>Estimated Planting Dates</b>	<b>Estimated Harvesting Dates</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will another individual(s) represent you or operate your space in your absence? If yes, please list name(s) and contact information.

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List other certified Market Vendors with whom you may share stall space.

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*By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and guidelines of the Hitching Lot Farmers' Market.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Confirmed and Certified by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Main Street Columbus HLFM Manager  
107 5<sup>th</sup> Street North  
Columbus, MS 39701  
662-328-6305

**The Hitching Lot Farmers' Market:  
Addendum to Agricultural Vendor Application 2021**

**Additional Crops**

Agricultural Vendor: \_\_\_\_\_

Please provide the following information about the additional crops you plan to grow this year.  
**Note:** The harvesting dates for any crops listed here must be at least thirty days from the date on which this form is certified.

<b>Crop</b>	<b>Estimated Acreage (or Units)</b>	<b>Estimated Planting Dates</b>	<b>Estimated Harvesting Dates</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and guidelines of the Hitching Lot Farmers' Market.*

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**Confirmed and Certified by:**

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_  
Columbus Main Street HLFM Manager  
107 5th Street North  
Columbus, MS 39701  
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