

If for any reason you are unable to attend the market, will another individual(s) represent you or operate your space in your absence? If yes, please list name(s) and contact information.

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

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: _____ **Date:** _____

**Main Street Columbus HLFM Coordinator
107 5th Street North
Columbus, MS 39701
662-328-6305**



The Hitching Lot Farmers' Market Addendum to Agricultural Vendor Application 2024

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.

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:

Crop	Estimated Acreage (or Units)	Estimated Planting Dates	Estimated Harvesting Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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