



**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.**

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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:** \_\_\_\_\_ **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 2025

## 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

Confirmed and Certified By: \_\_\_\_\_ Date: \_\_\_\_\_