

Montrose Harvest Market Membership form

Please print

May 2002

Name_____

Farm Name_____

Address_____

Phone# (_____)_____ (_____)_____

Certificate #_____

County of production_____

Expiration date_____

I have received, and agree to the terms of the Montrose Harvest Markets Rules & Guidelines

Singed_____

Employee Authorization must be verified for all employees who take responsibility for the day's sales

Name_____

Name_____

Alternate permit form

Apiary license # _____

Nursery license# _____

Organic registration/ Certification info _____

Sellers Permit # _____

Health permit # _____