 FOR INTERNAL USE ONLY

Producer #

Retail Edge

Master List

Copy to Acct

Original Filed

ACH or paper

**PRODUCER APPLICATION
Please direct all questions to marketmanager@wildramp.org or 304-523-7267**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm/Business Name

Mailing Address (NO P.O. BOXES)

Physical Address of Farm (if different than above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State\_\_\_\_\_\_ Zip Code County \_

Phone Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instagram\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web page\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Photos: Please also attach some photos to your application of your staff, products, farm, etc. which will be used for social media promotion of your business and the market overall.

# Circle or highlight which apply : Are you applying as a….

#  Producer (you grow raw food) VAP Vendor (you make stuff from raw food)

#  Arts Vendor( you create non-edible goods)

# Please list in detail ALL the items you intend to sell. If you are selling produce please list varieties and locations if it is grown in a different from the location listed above. (EX: tomatoes, Mr. Stripey)

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Please describe in your own words how your farming methods produce a high quality product and show care and respect for the environment, your business, community, and the soil. If applicable, please discuss pest and weed control practices and animal nutrition, health, and physical surroundings.

If you are a crafter or artisan maker please describe the process of how you make your items and what/if any local products or materials are used in your process.

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Please describe the size of your operation (# of acres in production, # of employees, etc..)

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# How long have you been in operation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please list ALL other farmers markets or sales outlet your products can be found and when:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you GAP certified? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ NO

Are any of your products Certified Organic? \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO

Do you hold any other sustainability-related certificates? \_\_\_\_\_\_\_YES \_\_\_\_\_\_NO

If Yes, please attach copies with your application for submission and review.

Do you seasonally pasture your meat/egg animals? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

Do you routinely use antibiotics on your livestock? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

Do you use any chemical sprays and/or synthetics or fertilizers? \_\_\_\_YES \_\_\_\_NO

If yes, please list and for what purpose:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you use NON-GMO seeds? \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO

Do you use NON-GMO feed? \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO

Do you use a co-packer to make your products? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

If yes, please explain what involvement you have in the development and production of your products:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Agreement

I have read and understand **The Wild Ramp Market Rules, Procedures & Guidelines**. I agree to comply with The Wild Ramp market rules, regulations and requirements. I have signed and attached a W-9 form for tax purposes. I affirm that all information in this application is complete and accurate.

Signed

Date

*Attach copies of all licenses that apply*

# Financial Information

Checks should be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID# or SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*\* If you would like payments to be electronically deposited in your account please complete the DIRECT DEPOSIT AUTHORIZATION FORM and submit with this signed application. \*\*\***