

**Brevard County Farmers Market, Inc.**  
**Grower's Permit**

I hereby certify the following information to be true and accurate to the best of my abilities. This certificate expires one year from the date issued.

\_\_\_\_\_

Brevard County Extension Agent

\_\_\_\_\_

Date

**Producer/Owner Information**

Name  
(Printed) \_\_\_\_\_ (Signed) \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Location of  
Farm/Enterprise: \_\_\_\_\_

\_\_\_\_\_

Crops  
Grown: \_\_\_\_\_

\_\_\_\_\_