

**Affidavit/Grower Certificate
For the Hernando Farmers Market**

I _____, County Extension Agent,

in _____ County, _____ State,

certify that _____ of
(Name of Grower and Farm Name, if applicable)

(Address of Grower) (State) (Zip Code)

is a farm producer in _____ County,

on _____ total acres, and produces _____ acres of fruits, vegetables, or flowers for sale, and

meets the requirement for LOCALLY GROWN produce for the purposes of sale at the Hernando Farmers Market.

Producer grows (list all you intend to sell at the HFM for the upcoming season). You may attach an additional page with more items if needed.

Signature of Extension Agent

Date

Phone

Signature of Grower

Date

Return to:
 Gia Matheny, Community Development Director, City of Hernando
 475 West Commerce Street, Hernando, MS 38632
 FAX – 662-429-9099
 gmatheny@cityofhernando.org