MS Farmers Market Application
Processed Food Vendors 2026

Name: _____

County of Operation: _____

Home: (_____)_____ Cell: (_____)_____

Address: _____

_____

Email: _____

Facebook Page: _____ Website Address _____

Which describes your processed food operation?

☐ Cottage Food Vendor ☐ Commercially-Licensed Operation

Please identify all categories to which your products apply:

☐ Confections ☐ Jams/Jellies ☐ Baked Goods ☐ Specialty Foods

Please specify each product you plan to sell for each category marked above (more space provided on back):
NOTE: Only non-hazardous foods that do not require temperature control can be sold by Cottage vendors.

Category	Products
_____	_____
	_____
	_____
_____	_____
	_____
	_____
_____	_____
	_____
	_____
_____	_____
	_____

All vendors are required to submit a label for each product to be sold with the application. Labels for cottage foods must contain the cottage food statement as well other information as stated in the Cottage Food Law.

New applicants (those that have not sold at the Mississippi Farmers Market) must also submit examples of packaging and a product sample.

Will another individual(s) represent you or operate your space in your absence? If yes, please list their name(s) and contact information.

_____
_____
_____

List other vendors with whom you may share stall space (must be other certified vendors)._____
_____
_____

List all food safety training certifications and applicable permits that you currently hold and include a copy of each with the completed application. Commercially-licensed operators must submit a copy of current permits and training certifications.

Contact the Mississippi State Department of Health at 601-576-7689 to verify which food safety training certifications and/or applicable food permits are required for the products you intend to sell at the Mississippi Farmers Market

By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and policies of the State of Mississippi, the Mississippi Department of Agriculture and Commerce, and the MS Farmers Market.

_____ _____
Applicant's Signature Date

Confirmed and Certified by:

_____ _____
MFM Director Date

Jonathan McCraw: Manager, MS Farmers Market 929 High Street Jackson, MS 39202