

Acres/Square feet/# of Hives

Herbs	
Plants	
Cut Flowers	
Honey	

Other: _____

County Extension Agent Certification

Applicant: _____

Local County Extension Agent: I hereby certify the above named person(s) is, to the best of my knowledge, growing/producing the above listed crops on the land described above. I agree, upon request, to investigate any questions raised about the authenticity of these crops by an authorized representative of the Clarke County Farmer's Market.

Printed Name of Extension Agent: _____

Signature of Extension Agent: _____

City or County and State: _____

Mailing Address: _____

Telephone: _____

Cell: _____

Email: _____