



## 2011 Secondary Product Request

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Before completing this form, please review the **Secondary Products section of the ABFM 2011 Rules of Operation**. If you would then like to request permission to sell a Secondary Product at market, please complete the following form for each Secondary Producer whose product(s) you propose to sell. The ABFM Leadership Board will notify you as soon as possible on the status of your request(s). Thank you!

**ABFM Vendor Name:** \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Dates on which you'd like to sell this/these additional product(s) at the ABFM (please list all dates):

\_\_\_\_\_

**Secondary Producer Name:** \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please describe the product(s) you'd like the above ABFM Vendor to sell at market: \_\_\_\_\_

\_\_\_\_\_

Location where additional product(s) is/are grown or produced (if different from Secondary Producer address):

\_\_\_\_\_

The signatures below confirm that the above information is correct and that the listed products are covered by product liability insurance of either the ABFM Vendor or the Secondary Producer. In addition, the Secondary Producer's signature acknowledges that a representative of the ABFM Leadership Board may inspect his/her farm or facilities to ensure compliance with the **ABFM 2011 Rules of Operation**. Thank you!

ABFM Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Secondary Producer: \_\_\_\_\_ Date: \_\_\_\_\_