



Department of General Services Produce Vendor Certificate



Copy of Health Department Permit attached.

I, _____, do hereby certify on
_____, 20____ that products described as: _____

are grown or produced by me and/or members of my household at my farm, home, or garden located at _____ (Address).

I understand that if I provide false information on this application that I will lose my license to sell at Old Town Farmer's Market and I may be charged with fraudulently averting City of Alexandria taxation.

Signed _____

Address _____

State of _____

County/City of _____

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public My commission expires _____.