



Secondary Farm Product Form (Growers Only)

PO Box 13233 Portland, OR 97213
 Cell Phone: 503-709-7403
 Email: info@hollywoodfarmersmarket.org
 Website: www.hollywoodfarmersmarket.org

HFM Vendor Name: _____

Please indicate all products (growers only) you wish to sell at the HFM that you **did not grow**. No more than 25% of products displayed in your booth on any given market day may be procured from another local grower. All information below must be completed before permission will be granted to bring in someone else's product. If during the season, additional items are located that you wish to sell, you must fill out another *Secondary Farm Product Form* from the market manager. All secondary farm product information – product name, variety, location grown, and name of grower – must be displayed using the dry-erase board provided by the market.

Secondary Farm Name _____

Secondary Farm Owner's Name _____ Phone (required) _____

Address _____ City _____ State _____ Zip _____

Product	Variety	Availability	Organic (y/n)

Secondary Farm Name _____

Secondary Farm Owner's Name _____ Phone (required) _____

Address _____ City _____ State _____ Zip _____

Product	Variety	Availability	Organic (y/n)