



ARKANSAS LOCAL FOOD NETWORK
Eat local. Grow local.

VENDOR APPLICATION

DATE: _____

Farm/Business Name: _____

Primary Contact Name: _____ Phone Number: _____

E-mail Address: _____

Mailing Address: _____

Physical Address, if different from mailing: _____

I am applying to sell at additional markets: Dogtown Farmers Market

Agricultural Practices (select one):

- Certified Organic
- Certified Naturally Grown
- No Chemicals
- Conventional

VEGETABLES, FRUITS, HERBS, NUTS, & OTHER FRESH PRODUCE

Types of Produce to be Sold through ALFN Market (add as many lines as needed):

Crop (spinach, apples, cilantro, pecans, mushrooms, etc.)	Expected Market Availability (EX: April through June)

Production and Management Practices (select all that apply):

- Pesticides, Fungicides, Insecticides, Herbicides, Bactericides
- Biological Pest Controls
- Commercial Fertilizers
- Mulches
- Cover Crops
- Seed Saving
- GMO Seeds
- Purchased Transplants
- High Tunnels
- Mechanical or Physical Pest Controls
- Composts
- Green Manures
- Crop Rotation
- Chemically Treated Seeds
- Heirloom or Open-Pollinated Seeds
- Greenhouse
- Raised Beds

Comments: _____

Water Source & Irrigation System, please describe: _____

MEAT, EGGS, & DAIRY

Types of Meat, Eggs, or Dairy to be Sold through ALFN Market (add as many lines as needed):

Product (pork, chicken eggs, goat cheese, etc.)	Expected Market Availability (April through June)

Production and Management Practices (select all that apply):

- Rotational Grazing
- Probiotics, Herbal Medicines, Homeopathy
- Routine Antibiotics
- New Livestock Purchased
- 100% Grass-fed
- Purchased Fodder
- Minerals or Other Supplements
- Continuous Grazing
- Routine Vaccinations & Antiparasitics
- Growth Hormones
- New Livestock Born On-Site
- Grass-finished
- Self-Raised Fodder

Comments: _____

Please describe the following -

Confinement Practices: (shelter description, approximate density of animals)

Pest Management: _____

Watering System: _____

Waste Management: _____

Finishing & Processing: _____

HONEY

Number of Hives: _____

Queen Source or Supplier: _____

Water Source for Bees: _____

My honey is processed (jarred or canned) in a commercial kitchen: YES NO

Please describe your beekeeping practices as follows -

Supplemental Feeding: _____

Disease & Pest Management: _____

Honey Harvesting & Processing: _____

Land Management (pesticides, fertilizers, etc.): _____

Comments: _____

VALUE-ADDED PRODUCTS

Products to be Sold through ALFN Market (add as many lines as needed):

Product (salsa, lip balm, goat milk soap, etc.)	Expected Market Availability (April through June, All Year, etc.)	Locally Sourced Ingredients or Components (tomatoes, lavender, goat milk, etc.)

Please describe the facility or facilities in which these products are prepared: _____

ADDITIONAL INFORMATION OR COMMENTS

Is there anything else ALFN should know about your farm or business? _____

Thank you for your interest in joining ALFN and for your time in completing this application. You can expect a response within two weeks. Upon approval of your application, you will be asked to review and sign an ALFN Vendor Agreement. This agreement will be renewed annually. Once the signed agreement is received by ALFN, you will be able to start selling through our market. If you have any questions about the organization or selling through ALFN, please contact our Program and Market Manager, Kyle Holton, at littlerockfoodclub@gmail.com.

FOR ALFN USE:

- Application Approved
- Vendor Agreement Sent
- Partial Approval Justification: Cottage Industry Requirements
- Application NOT Approved

Date: _____

Date: _____

Date: _____

Date: _____

Justification: _____

