



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):

<b>Product</b> (pork, chicken eggs, goat cheese, etc.)	<b>Expected Market Availability</b> (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):

<b>Product</b> (salsa, lip balm, goat milk soap, etc.)	<b>Expected Market Availability</b> (April through June, All Year, etc.)	<b>Locally Sourced Ingredients or Components</b> (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](mailto: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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_