

SANTA CRUZ COMMUNITY FARMERS' MARKET
FARMER/RANCHER/DAIRY PRODUCTION/EGG PRODUCTION
INTEREST FORM

PLEASE COMPLETE AND MAIL TO THE FOLLOWING:

SCCFM
ATTN: AGRICULTURAL INTEREST FORM
P.O. BOX 8189
SANTA CRUZ, CALIFORNIA 95061

* ATTACH A CURRENT PRODUCERS CERTIFICATE TO THIS DOCUMENT

FARM NAME _____ DATE _____

CONTACT PERSON _____

ADDRESS _____ CITY/ZIP _____

BUSINESS PHONE _____ 2ND PHONE _____

WEBSITE _____ EMAIL _____

BUSINESS OWNERSHIP (CIRCLE ALL THAT APPLY)

FAMILY OWNED

LIMITED PARTNERSHIP

CORPORATION

NON-PROFIT

CO-OP

FARM/RANCH DESCRIPTION

FARM LOCATION(S) (CITY,COUNTY):

FARM ACREAGE (LIST ALL LOCATIONS IF APPLICABLE):

DO YOU HAVE A CURRENT CALIFORNIA PRODUCERS CERTIFICATE? **IF YES, PLEASE ATTACH TO THIS INTEREST FORM.**

DO YOU OWN OR LEASE YOUR LAND?

DO YOU HAVE FARM INSURANCE?

PLEASE DESCRIBE YOUR FARM HISTORY AND FARMING PHILOSOPHY/MISSION:

DO YOU SELL VALUE-ADDED FARM PRODUCTS? IF YES, PLEASE LIST ITEMS AND WHERE/WHO PROCESSED IT.

DO YOU SELL IN OTHER FARMERS MARKETS? IF YES, LIST THE MARKETS AND HOW LONG YOU HAVE SOLD AT THE MARKET.

ARE YOU A CERTIFIED ORGANIC GROWER? IF YES, PLEASE LIST THE CERTIFYING AGENCY.

IF YOU ARE NOT A CERTIFIED ORGANIC GROWER PLEASE ANSWER THE QUESTIONS BELOW:

1. HAVE YOU OBTAINED ALL OF THE APPROPRIATE PERMITS FOR PRODUCING AND SELLING YOUR PRODUCT AT A FARMERS MARKET? IF YES, PLEASE SPECIFY.

2. DIRECT SALES OUTLET QUESTIONS:

_____ % OF SALES FROM FARMERS MARKETS

_____ % OF SALES DIRECT TO RETAIL OUTLETS

_____ % OF SALES FROM YOUR OWN STORE

_____ % OF SALES MADE ONLINE

_____ % OF SALES TO WHOLESALE DISTRIBUTORS

_____ % OF SALES DIRECT TO RESTAURANTS

_____ % OF SALES DIRECT FROM CSA

WHICH RESTAURANTS (PLEASE LIST NAME OF THE BUSINESS AND CITY IT IS LOCATED IN)?

FARMING AND RANCHING QUESTIONS

FARMERS

1. SOIL MANAGEMENT

LIST SOIL TYPES:

CHECK ALL THE SOIL MANAGEMENT AND SOIL FERTILITY PRACTICES USED:

- COVER CROPS MULCHING SOIL AMENDMENTS USE OF SOIL MIXES
 RAW ANIMAL MANURE AGED MANURE RAW ORGANIC VEGETABLE MATTER COMPOST
 COMMERCIAL FERTILIZERS OTHER SOIL MANAGEMENT PRACTICES (LIST):

2. CROP MANAGEMENT

CHECK ALL THE CROP MANAGEMENT PRACTICES USED:

- CROP ROTATIONS FALLOW PERIODS INTERCROPPING HABITAT FOR POLLINATORS
 OTHER CROP MANAGEMENT PRACTICES (LIST):

3. PEST MANAGEMENT

LIST PRIMARY WEED PROBLEMS:

CHECK ALL THE WEED MANAGEMENT PRACTICES USED:

- HAND CULTIVATION MACHINE CULTIVATION MULCHING ORGANIC
 HERBICIDES SYNTHETIC HERBICIDES FIRE OTHER PRACTICES (LIST):

LIST PRIMARY INSECT & OTHER PEST PROBLEMS:

CHECK ALL THE INSECT & PEST MANAGEMENT PRACTICES USED:

CROP ROTATION RESISTANT CROPS HAND-REMOVAL RELEASE OF BENEFICIALS
 HABITAT FOR BENEFICIALS ORGANIC PESTICIDES PHEROMONE DISRUPTORS
 SYNTHETIC PESTICIDES OTHER INSECT MANAGEMENT PRACTICES (LIST):

LIST PRIMARY DISEASE PROBLEMS:

CHECK ALL THE DISEASE MANAGEMENT PRACTICES USED:

CROP ROTATION RESISTANT CROPS HAND-REMOVAL SYNTHETIC SOIL FUMIGATION
 ORGANIC PESTICIDES SYNTHETIC PESTICIDES
 OTHER DISEASE MANAGEMENT PRACTICES (LIST):

4. DIVERSITY MANAGEMENT

CHECK ALL THE MANAGEMENT PRACTICES USED:

SEED SAVING HEIRLOOM VARIETIES HABITAT BUFFER ZONES CONTOUR OR STRIP TILLAGE
 OTHER DIVERSITY MANAGEMENT PRACTICES:

5. WATER MANAGEMENT

SOURCE OF IRRIGATION WATER (CHECK ALL THAT APPLY)-

RAINFALL ONLY ON-SITE WELL IRRIGATION DISTRICT ALLOTMENT MUNICIPAL WATER
SOURCE OTHER

METHODS OF APPLICATION (CHECK ALL THAT APPLY)-

DRIP IRRIGATION FLOOD IRRIGATION TROUGH IRRIGATION SPRINKLER IRRIGATION
 OTHER

OTHER WATER MANAGEMENT PRACTICES (CHECK ALL THAT APPLY)-

BUFFER ZONES BIOFILTRATION SYSTEMS OTHER

6. HARVEST & STORAGE

CHECK ALL THAT APPLY:

HARVESTING SYSTEMS USED: HAND HARVESTING MECHANICAL HARVESTING OTHER
TYPES OF COLD STORAGE USED: BUILT-IN PLACE COLD STORAGE ADAPTED COLD STORAGE
 PREFAB COLD STORAGE OTHER

CONTROLLED ENVIRONMENT(YES OR NO) _____ "ON SITE" _____ "OFF SITE" _____

____ TYPICAL MINIMAL # DAYS STORAGE ____ AVERAGE # DAYS STORAGE ____ TYPICAL MAXIMUM # DAYS STORAGE

7. ENERGY SOURCES

CHECK ALL THE FUEL AND ENERGY SOURCES USED ON SITE:

____ DIESEL ____ BIO-DIESEL ____ GASOLINE
____ ELECTRICITY FROM GRID ____ WIND ____ SOLAR ____ OTHER

CHECK ALL THE FUEL SOURCES USED FOR FARM TO MARKET TRANSPORT:

____ DIESEL ____ BIO-DIESEL ____ GASOLINE ____ HYBRID TECHNOLOGY

RANCHERS/EGG PRODUCERS/DAIRY PRODUCTION

LIST THE BREEDS OF ALL ANIMALS RAISED, AND HOW EACH IS MANAGED:

ANIMAL SIZE OF HERD/FLOCK CLOSED HERD ____

BREEDS

APPROXIMATE % OF EACH FEED USED (TOTAL SHOULD EQUAL 100%):

____ % PASTURE ____ % SELF-RAISED HAY ____ % PURCHASED HAY ____ % GRAINS ____ % OTHER: LIST
____ HARVEST SEASONALLY ____ HARVEST REAR-ROUND ____ HARVEST FOR DIRECT DELIVERY TO MARKET
____ STORAGE OF HARVESTED PRODUCT BEFORE DELIVERY TO MARKET

CHECK ALL THE FOLLOWING BEHAVIORS SUPPORTED OR MANAGEMENT OR HARVESTING PRACTICES USED:

____ CLEAN & DRY BEDDING ____ VENTILATED STRUCTURES ____ NON-SLIP FLOORING
____ ACCESS TO OUTDOORS ____ DAILY MIGRATIONS ____ HERDING OPPORTUNITIES ____ WALLOWING
____ UNRESTRICTED

ACCESS TO FRESH WATER

____ GROWTH HORMONES ____ GRAZING ____ NUTRITIONAL GUIDELINES ____ HERD HEALTH PLAN
____ SEGREGATION AREAS ____ CLONED SPECIES ____ ELECTRIC PRODS ____ INDIVIDUAL ANIMAL

DESCRIBE ANY OTHER INDICATORS OF HUMANE TREATMENT USED:

****ATTACH ADDITIONAL SHEETS WITH OTHER INFORMATION REGARDING ANIMALS RAISED AS NEEDED**

DAIRY PRODUCTION (CHEESE & MILK) ONLY

TYPES OF CHEESES OR OTHER ITEMS PRODUCED:

RAW PRODUCT SOURCES

_____% OF MILK FROM YOUR FARM _____% OF MILK FROM OTHER SOURCES

NAMES & LOCATIONS OF OTHER SOURCES:

_____% OF RAW MILK PRODUCTS _____% OF PASTEURIZED PRODUCTS

LIST THE TYPES AND BRAND NAMES OF COAGULANT OR RENNET USED:

WHICH SCCFM MARKETS ARE YOU INTERESTED IN SELLING AT:

FELTON FARMERS MARKET (TUESDAY 2:30 TO 6:30PM)
MAY TO NOVEMBER

SANTA CRUZ FARMERS MARKET (WEDNESDAY 2:30 TO 6:30PM)
YEAR-ROUND

WESTSIDE S.C. FARMERS MARKET (SATURDAY 9AM TO 1PM)
YEAR-ROUND

SCOTTS VALLEY FARMERS MARKET (SATURDAY 9AM TO 1PM)
YEAR-ROUND

LIVE OAK FARMERS MARKET (SUNDAY 9AM TO 1PM)
YEAR-ROUND

IF YOU HAVE ANY COMMENTS ABOUT YOUR BUSINESS, FOOD ITEM WE SHOULD KNOW ABOUT PLEASE WRITE BELOW AND FEEL FREE TO ADD ADDITIONAL PAGES IF NECESSARY.