

2026 RCFM PRODUCER-VENDOR CERTIFICATION



First Name _____
 Last Name _____ Acres of farmland
 Business Name _____
 Mailing Address _____
 City _____ Zip _____ County _____
 Farm Address (If different from above address) _____
 City _____ Zip _____ County _____
 Phone # _____ Cell # _____
 Email: _____ Electronic Payment? Yes No
 Additional Farm Representatives _____
 CHECKS PAYABLE TO: _____ Partner Name (if applicable) _____

Do you want your business to be listed on our website Vendor Catalog? Yes No
 Business website: _____
 Social Media: FB _____ TW _____
 IG _____ Other: _____

**** Please list all items you will produce and sell at the RCFM. You are not required to bring all the items you list, however, all items you may bring **must be listed**. You may attach another sheet if more space is required.

PRODUCE	PRODUCE	PROCESSED FOODS	ANIMAL PROTEINS (MEAT, EGGS, DAIRY, ETC.)	OTHER (HONEY, PLANTS, ETC.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please read and sign the following statement:

By signing this form, I certify that I grow/make the fruits, vegetables, processed foods, and other items listed above. I have received, understand, and will adhere to the **RCFM Rules and Regulations** Form. I understand that failure to follow market regulations will result in my not being allowed to operate as a RCFM market vendor for one calendar year. I also understand I am subject to an inspection by the Market Manager with her/his delegates and will only be allowed to sell products that I and/or my family, personally, grow(s) or produce (s). If my farm is visited, RCFM representatives must see products of the same maturity and quality and quantity of the goods brought to the RCFM. If this is not observed, I will not be allowed to return to the RCFM until my farm is re-inspected, at which time, I will be charged a \$50 trip fee.

SIGNATURE OF VENDOR **DATE**

SIGNATURE OF VENDOR'S COUNTY EXTENSION AGENT **DATE**

RETURN TO: UT-TSU EXTENSION OF RUTHERFORD COUNTY, ATTN: RCFM
 315 JOHN R. RICE BLVD, SUITE 101, MURFREESBORO, TN 37129
 FORM MAY ALSO BE SCANNED AND EMAILED TO: RCFM@RUTHERFORDCOUNTYTN.GOV

ADMINISTRATIVE USE ONLY

SEASONAL BOOTH# _____ DAILY

DATE: _____ RCPT #: _____

VENDOR ID# _____

PERMITS/CERT/LICENSE : Y N

CURRENT _____ NEW FY _____

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