



Steven W. Troxler
Commissioner

North Carolina Department of Agriculture
and Consumer Services
Division of Marketing
State Farmers Market

Joe Sanderson
Director

Sim McIver
Manager

**APPLICATION TO SELL "SOURWOOD" OR "NORTH CAROLINA" HONEY
AT STATE-OWNED FARMERS MARKETS**

1. Name: _____
2. Address: _____
3. Phone number: _____ Cell Phone Number: _____
4. Email Address: _____
5. **Sourwood Honey.**

Do you plan to sell honey labeled or advertised as "sourwood" honey? _____ Yes/No
 Will you be selling "sourwood" honey produced from hives that you own? _____ Yes/No
 List the address where your hives are located: _____

Or, will you be selling "sourwood" honey that you obtained from another person(s) or firm(s) for the purpose of resale? _____ Yes/No
 If, yes, please list below the person(s) or firms supplying "sourwood" honey to you:

Name: _____
 Address: _____

Address where hives are located: _____

(List additional suppliers on back)

6. **North Carolina Honey.**
- Do you plan to sell honey labeled or advertised as "North Carolina" honey? _____ Yes/No
 Will you be selling "North Carolina" honey produced from hives that you own? _____ Yes/No
 Address where your hives are located: _____

Or, will you be selling North Carolina honey that you obtained from another person(s) or firm(s) for the purpose of resale? _____ Yes/No
 If, yes, Please list the person(s) or firm(s) supplying "North Carolina" honey to you:

Name: _____
 Address : _____

Address where hives are located: _____

(List additional suppliers on back)

I hereby certify that the information I have provided is true, and I understand that providing false information is grounds for loss of selling privileges on State Owned Farmers Markets.

Applicant's Signature: _____ Date: _____

Market Manager's Signature: _____ Date: _____

