



REGISTRATION APPLICATION FOR PRODUCE FARMS

State Form 55150 (R4 / 8-20)

INDIANA STATE DEPARTMENT OF HEALTH
 FOOD PROTECTION DIVISION
 100 North Senate Avenue, Room N855
 Indianapolis, Indiana 46204
 Telephone: (317) 234-8569
 E-mail: producesafety@isdh.in.gov

Produce Farms or any entity that grows, harvests, packs, and/or holds covered produce, as defined in 21 CFR Part 112, for human consumption should complete this form. The information provided on this form is considered a matter of public record; therefore, **please do not provide confidential or trade secret information on this registration form.**

INSTRUCTIONS: Please complete and submit this form online, and a Certificate of Registration will be mailed to you within the next three (3) to four (4) weeks. If you encounter any difficulties, please call (317) 234-8569 for assistance.

Business Information

Farm Company Name (DBA)	
First Name of Business Owner	Last Name of Business Owner
Mailing Address (number and street)	
City	State
ZIP Code	County
E-mail Address	Telephone Number:
	Alternative Telephone Number:
Farm Physical Address (number and street) (If different than mailing address)	
City	State
ZIP Code	County
Farm Website	

Person In Charge (If different than owner)

First Name	Last Name
Title	Contact Telephone Number
E-mail Address	

Farm Information

Approximate acreage of the farm:	
<input type="checkbox"/> 1 – 10 <input type="checkbox"/> 11 – 100 <input type="checkbox"/> 101 – 500 <input type="checkbox"/> 501 – 1,000 <input type="checkbox"/> 1,001 – 2,500 <input type="checkbox"/> 2,501 – 5,000 <input type="checkbox"/> More than 5,000	
Forms of market sales that the farm participants in: <i>(Select all that are applicable.)</i>	
<input type="checkbox"/> Farmers' Market <input type="checkbox"/> Farm / Roadside Stand <input type="checkbox"/> U-Pick <input type="checkbox"/> Community Shared Agriculture <input type="checkbox"/> Wholesale Market <input type="checkbox"/> Direct Sell to Customer (e.g. restaurants) <input type="checkbox"/> Other <i>(please specify)</i> : _____	
Indicate whether the farm grows, harvests, packs, holds, and/or distributes any covered produce. <i>(Select all that are applicable.)</i>	
<input type="checkbox"/> Grow <input type="checkbox"/> Harvest <input type="checkbox"/> Pack <input type="checkbox"/> Hold <input type="checkbox"/> Distribute <input type="checkbox"/> Other <i>(please specify)</i> : _____	
Intended commercial use of crop(s):	
<input type="checkbox"/> Whole Uncut / Post-Harvest Cut <input type="checkbox"/> Processing <input type="checkbox"/> Other: _____	
Approximate months of primary activities on the farm:	
Planting / Seeding	From: _____ To: _____
Growing	From: _____ To: _____
Harvesting / Packing	From: _____ To: _____
Average annual <u>produce</u> sales over the previous three (3) years:	
<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000	
Please list all produce that is grown on the farm.	

Signature of Applicant and Date

Signature of Applicant	Date <i>(month, day, year)</i>
Printed Name of Applicant	Title