



Georgia Department of Agriculture

Agricultural Tourist Attraction Application

Please complete ALL information as required by Departmental Rule 40-28-1.
INCOMPLETE FORMS WILL NOT BE ACCEPTED

COMPANY NAME: _____
OWNER'S NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____
FAX NUMBER: _____
EMAIL ADDRESS: _____
WEBSITE: _____

* Please Note: Your website must contain **hours of operation** and **directions** to your attraction.

CONTACT NAME: _____
CONTACT PHONE NUMBER: _____

LOCATION/ADDRESS OF AGRICULTURAL TOURIST ATTRACTION:

COUNTY: _____

TYPE OF AGRICULTURAL TOURIST ATTRACTION (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Wildlife Based Recreation | <input type="checkbox"/> Food Production |
| <input type="checkbox"/> Farm Activity Based Recreation | <input type="checkbox"/> Nature Based Tourism |
| <input type="checkbox"/> Vineyard/Winery | <input type="checkbox"/> Pumpkin Patch/Corn Maze/Hayrides |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Seminars/Demonstrations |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Hands On Activities |
| <input type="checkbox"/> Tours | Other, please describe _____ |
| <input type="checkbox"/> Lodging | _____ |
| <input type="checkbox"/> Special Events/Festivals | _____ |

Month/Year Agricultural Tourism Attraction Began: _____

Months, Days, and Hours of Operation: _____

If tours are offered, please state days and times tours are offered : _____

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DISCLOSURE: REGISTERING WITH THE GEORGIA DEPARTMENT OF AGRICULTURE ALLOWS THE DEPARTMENT TO PROMOTE YOUR OPERATION AND POST YOUR BUSINESS ON OUR TOURISM WEBSITE

MAIL TO: Georgia Department of Agriculture
19 MARTIN LUTHER KING JR DRIVE SW ROOM 334 ATLANTA, GEORGIA 30334

Please describe the specific activities offered: _____

Does your facility charge an admission fee? _____
If yes, please provide the amount of admission: _____

REGISTRATION AND FEES

- Temporary: Attractions operating 14 days or less - \$50.00
- Seasonal: Attractions operating 15 days to 6 months - \$100.00
- Year-round: Attractions operating more than 6 months per year - \$250.00

AGRICULTURAL TOURISM ATTRACTION REQUIREMENTS

- A point of business sign stating the name of the attraction, the days and hours of operation, and, if applicable, the time tours will be conducted
- Public restroom facilities
- Available drinking water
- On-site telephone available for emergency purposes
- Adequate on-site parking
- An all-weather structure
- Handicap accessibility
- Electric power and adequate lighting

CERTIFICATION

I, (your name) _____, hereby certify that the agricultural tourist attraction described above allows members of the general public, for recreational, entertainment, and/or educational purposes, to view or enjoy agriculturally related activities.

I, (your name) _____, further certify that this agricultural tourist attraction described above is in full compliance with all applicable Federal, State, and local laws, rules, and ordinances including, but not limited to, all applicable license and permitting requirements required by law

Signature

Date