

## **Produce Farm Business Plan**

Farm Name:								
Physical Address:  Street				City		Zipcode		Country
Mailing Address: (If different from Physical		Su	eet	City		Zipcc	ode	County
Address)		Str	eet	City		State		Zipcode
POC Name:				POC ——— Title:				
	First		Last					
<b>POC Phone:</b> (	)	-	POC Email:					
POC's preferred mo	ode of cont	act?	☐ Email	☐ Phone		Iail		
Training as required Part 112.22(c) of the Produce Safety Rule	;			1	1			
(If completed)			Course Name	Date of Co	ompletion		Attende	e Name
Will your farm hand If yes, please describ  Are existing structure	oe your op	eration	(i.e. packing, distri	buting, etc.).	list?	☐ Yes	□ No	
* If facility is still u By signing this form meet the qualificatio beginning any chang to ensure continued	, I attest tl ons laid ou ge of opera	nat the i t by this tion no	information contains instrument. I will of originally disclose	ned herein is a notify the Geo ed on this forn	ccurate f orgia Dep	artment	of Agricul	ture prior to
					,	,	/	
Applica	Date							
Annl	Applicant Title							