

CHECK TYPE	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL



DEPARTMENT OF REGULATORY SERVICES  
 DIVISION OF LICENSES AND CONSUMER SERVICES  
 ROOM 1-C, CITY HALL, 350 SOUTH 5TH STREET  
 MINNEAPOLIS, MN 55415 (PHONE 612-673-2080)

FOR OFFICE USE ONLY
LICENSE ID NUMBER
LICENSE CLERK
DATE

SELECT FARMER TYPE:	<input type="checkbox"/> GROWER	<input type="checkbox"/> MEAT PROCESSOR
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# FARMER'S LICENSING EXEMPTION FORM

Note: Persons selling products of the farm or garden cultivated and harvested by them are exempted from licensing requirements and fees. However, prior to selling exempted farm products in the City of Minneapolis, you are required to complete one Farmer's Licensing Exemption Form and submit it to either the department listed at the top of this page or to your primary Farmer's Market Manager located in Minneapolis.

## APPLICANT INFORMATION

Applicant Name			Home Number		
Business Name (If different from above)			Cell Phone Number		
Mailing Address			Work Number		
City	State	Zip	Email		

## FARM/GARDEN INFORMATION

Name of Farm/Garden			Name of Owner		
Address of Farm/Garden			Approximate Total Acres of Farm/Garden		
City	State	Zip	Percent You Cultivate		

## FARM PRODUCTS SOLD IN MINNEAPOLIS LOCATIONS

Category (fruits, berries, vegetables, etc)	Market Name	Address of Market/Event

## LIST VEHICLES USED FOR DELIVERY OF FARM PRODUCTS

State	Plate Number	Year	Make/Model	Color

I certify that I have read and understand every question in this application and that I have answered every question truthfully to my own knowledge and belief. I understand and agree that I shall only peddle or sell farm products of a farm or garden that I or my family have cultivated and harvested. I further understand that peddling or selling products that have not come from a farm or garden that I or my family have cultivated and harvested may result in the confiscation of such products and a citation for operating without a license.

PRINT NAME	SIGNATURE	DATE
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