



REGISTRATION APPLICATION FOR PRODUCE FARMS

State Form 55150 (R5 / 2-23)

INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION
2 North Meridian Street
Indianapolis, Indiana 46204
Telephone: (317) 233-1974
E-mail: producesafety@health.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) 233-1974 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:

1 – 10 11 – 100 101 – 500 501 – 1,000 1,001 – 2,500 2,501 – 5,000 More than 5,000

Forms of market sales that the farm participants in: *(Select all that are applicable.)*

Farmers' Market Farm / Roadside Stand U-Pick Community Shared Agriculture
 Wholesale Market Direct Sell to Customer (e.g., restaurants)
 Other *(please specify)*: _____

Indicate whether the farm grows, harvests, packs, holds, and/or distributes any covered produce.
(Select all that are applicable.)

Grow Harvest Pack Hold Distribute
 Other *(please specify)*: _____

Intended commercial use of crop(s):

Whole Uncut / Post-Harvest Cut Processing Other: _____

Approximate months of primary activities on the farm: ***THIS SECTION MUST BE COMPLETED**

Planting / Seeding From: _____ To: _____

Growing From: _____ To: _____

Harvesting / Packing From: _____ To: _____

Average annual produce sales over the previous three (3) years:

Less than \$25,000 \$25,000 - \$250,000 \$250,001 - \$500,000 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