Santa Cruz Community Farmers’ Market
Farmer/Rancher/Dairy Production/Egg Production
Interest Form

Please complete and mail to the following:

SCCFM
ATTN: AGRICULTURAL INTEREST FORM
P.O. BOX 8189
SANTA CRUZ, CALIFORNIA 95061

* Attach a current producers certificate to this document

Farm Name__________________________________________________________ Date________________________

Contact Person__________________________________________________________________________________________

Address____________________________________________________________ City/Zip_______________________________

Business Phone__________________________________ 2nd Phone____________________________________________

Website________________________________________________________ Email__________________________________________

Business Ownership (Circle all that apply)

Family Owned   Limited Partnership    Corporation    Non-Profit    Co-Op

Farm/Ranch Description

Farm Location(s) (City, County):

Farm Acreage (List all locations if applicable):

Do you have a current California producers certificate? If yes, please attach to this interest form.

Do you own or lease your land?

Do you have farm insurance?

Please describe your farm history and farming philosophy/mission:
Do you sell value-added farm products? If yes, please list items and where/who processed it.

Do you sell in other farmers markets? If yes, list the markets and how long you have sold at the market.

Are you a certified organic grower? If yes, please list the certifying agency.

If you are not a certified organic grower please answer the questions below:

1. Have you obtained all of the appropriate permits for producing and selling your product at a farmers market? If yes, please specify.

2. Direct sales outlet questions:

______% of sales from farmers markets

______% of sales direct to retail outlets

______% of sales from your own store

______% of sales made online

______% of sales to wholesale distributors

______% of sales direct to restaurants

______% of sales direct from CSA
WHICH RESTAURANTS (PLEASE LIST NAME OF THE BUSINESS AND CITY IT IS LOCATED IN)?

FARMING AND RANCHING QUESTIONS

FARMERS

1. Soil Management

List soil types:

Check all the soil management and soil fertility practices used:

___Cover crops ___Mulching ___Soil amendments ___Use of soil mixes
___Raw animal manure ___Aged manure ___Raw organic vegetable matter ___Compost
___Commercial fertilizers ___Other soil management practices (List):

2. Crop Management

Check all the crop management practices used:

___Crop rotations ___Fallow periods ___Intercropping ___Habitat for pollinators
___Other crop management practices (List):

3. Pest Management

List primary weed problems:

Check all the weed management practices used:

___Hand cultivation ___Machine cultivation ___Mulching ___Organic
___Herbicides ___Synthetic herbicides ___Fire ___Other practices (List):

List primary insect & other pest problems:
CHECK ALL THE INSECT & PEST MANAGEMENT PRACTICES USED:

____ Crop rotation  ____ Resistant crops  ____ Hand-removal  ____ Release of beneficials
____ Habitat for beneficials  ____ Organic pesticides  ____ Pheromone disruptors
____ Synthetic pesticides  ____ Other insect management practices (list):

LIST PRIMARY DISEASE PROBLEMS:

CHECK ALL THE DISEASE MANAGEMENT PRACTICES USED:

____ Crop rotation  ____ Resistant crops  ____ Hand-removal  ____ Synthetic soil fumigation
____ Organic pesticides  ____ Synthetic pesticides
____ Other disease management practices (list):

4. DIVERSITY MANAGEMENT

CHECK ALL THE MANAGEMENT PRACTICES USED:

____ Seed saving  ____ Heirloom varieties  ____ Habitat buffer zones  ____ Contour or strip tillage
____ Other diversity management practices:

5. WATER MANAGEMENT

SOURCE OF IRRIGATION WATER (CHECK ALL THAT APPLY)-

____ Rainfall only  ____ On-site well  ____ Irrigation district allotment  ____ Municipal water source  ____ Other

METHODS OF APPLICATION (CHECK ALL THAT APPLY)-

____ Drip irrigation  ____ Flood irrigation  ____ Trough irrigation  ____ Sprinkler irrigation
____ Other

Other Water Management Practices (check all that apply)-

____ Buffer zones  ____ Biofiltration systems  ____ Other

6. HARVEST & STORAGE

CHECK ALL THAT APPLY:

Harvesting systems used:  ____ Hand harvesting  ____ Mechanical harvesting  ____ Other
Types of cold storage used:  ____ Built-in place cold storage  ____ Adapted cold storage
____ Prefab cold storage  ____ Other
CONTROLLED ENVIRONMENT (YES OR NO)________________________ "ON SITE" _______ “OFF SITE” ____________

_____ Typical minimal # days storage _____ Average # days storage _____ Typical maximum #
    days storage

7. Energy Sources

   Check all the fuel and energy sources used on site:
   ___ Diesel ___ Bio-Diesel ___ Gasoline
   ___ Electricity from grid ___ Wind ___ Solar ___ Other

   Check all the fuel sources used for farm to market transport:
   ___ Diesel ___ Bio-Diesel ___ Gasoline ___ Hybrid technology

Ranchers/Egg Producers/Dairy Production

List the breeds of all animals raised, and how each is managed:
Animal Size of herd/flock Closed herd ____
Breeds

Approximate % of each feed used (total should equal 100%):
___ % Pasture ___ % Self-Raised Hay ___ % Purchased Hay ___ % Grains ___ % Other: list
___ Harvest seasonally ___ Harvest rear-round ___ Harvest for direct delivery to market
___ Storage of harvested product before delivery to market

Check all the following behaviors supported or management or harvesting practices used:
___ Clean & dry bedding ___ Ventilated structures ___ Non-slip flooring
___ Access to outdoors ___ Daily migrations ___ Herding opportunities ___ Wallowing
___ Unrestricted

Access to fresh water
___ Growth hormones ___ Grazing ___ Nutritional guidelines ___ Herd health plan
___ Segregation areas ___ Cloned species ___ Electric prods ___ Individual animal

Describe any other indicators of humane treatment used:
** Attach additional sheets with other information regarding animals raised as needed**
Dairy production (cheese & milk) only

Types of cheeses or other items produced:

Raw Product Sources

____% of milk from your farm _____% of milk from other sources

Names & locations of other sources:

_____% of raw milk products _____% of pasteurized products

List the types and brand names of coagulant or rennet used:

Which SCCFM markets are you interested in selling at:

Felton farmers market (Tuesday 2:30 to 6:30pm) ☐
MAY TO NOVEMBER
Santa cruz farmers market (Wednesday 2:30 to 6:30pm) ☐
YEAR-ROUND
Westside s.c. farmers market (Saturday 9am to 1pm) ☐
YEAR-ROUND
Scotts valley farmers market (Saturday 9am to 1pm) ☐
YEAR-ROUND
Live Oak Farmers market (Sunday 9am to 1pm) ☐
YEAR-ROUND

If you have any comments about your business, food item we should know about please write below and feel free to add additional pages if necessary.