



STATE OF CONNECTICUT
 DEPARTMENT OF AGRICULTURE
 Marketing Bureau



**2009 FARM STANDS & STORES THROUGHOUT CONNECTICUT
 BROCHURE APPLICATION**

FARM NAME _____
 CONTACT NAME _____
 FARM ADDRESS _____
 TOWN, STATE, ZIP CODE _____
 MAILING ADDRESS (if different) _____
 PHONE NUMBER (with area code) _____
 FAX NUMBER (with area code) _____
 COUNTY _____ E-MAIL _____
 WEBSITE _____

**PLEASE CHECK
 ALL THAT APPLY:**

| | |
|-----------------------------------|--|
| January-March (winter) | |
| April-June (spring) | |
| July-October (summer/fall) | |
| November & December (fall/winter) | |
| Honor System Stand | |
| 24 Hours A Day, 7 Days a Week | |
| Please call for hours | |
| Hours: | |
| Other: | |

**CHECK ALL PRODUCTS YOU
 OFFER:**

| | | | |
|--|-------|--|-------|
| Pumpkins, Gourds, & Fall Products | _____ | Livestock Products – Dairy, Meat, Fibers | _____ |
| Specialty Products – Soaps, Candles, Lotions, etc. | _____ | Specialty Foods – Jams, Honey, Maple Syrup, Salsas, Baked Goods, Cider, etc. | _____ |
| Vegetables | _____ | Fruit | _____ |
| Agritourism | _____ | Other | _____ |
| Greenhouse Products | _____ | | _____ |

This form must be completed in full and returned by **April 1, 2009** either by fax (860-713-2516), email (jaime.smith@ct.gov), or US mail: CT DEPT OF AGRICULTURE, FARM STAND/STORE BROCHURE, 165 CAPITOL AVENUE, RM 129, HARTFORD, CT 06106