S T A T E O F C O N N E C T I C U T
DEPARTMENT OF AGRICULTURE

Bureau of Agriculture Development & Resource Preservation

WWW.CTGROWN.GOV

2012 - 2014 SPECIALTY CROP PLAN

Date _____

Name_____ **Farm/Business Name**_____

Mailing Address_____

Town_____ **Zip** _____

Farm/Business Address_____

Town_____ **Zip** _____

Phone _____ **(home)** _____ **(cell) Fax**_____

Email Address _____**Website Address** _____

Acres on Your Farm _____ **Acres Leased** _____ **Total Acres Cultivated** _____

Please list the farmers' markets you have been accepted into:

_____

This specialty crop plan is truthful and an accurate representation of my operation. It is valid for ONE YEAR from the date submitted. I understand it is my responsibility to maintain an updated specialty crop plan with the Connecticut Department of Agriculture and requesting farmers' markets. I am providing this crop plan as requested for participation in certified farmers' markets. Any farm products (as defined by CGS Sec. 22-6r (7)) not grown by myself and brought to a certified Connecticut farmers' market for resale shall have a point of origin from Connecticut and receipts shall be provided upon request.

_____

Farmer Signature **Date**

By affixing my signature to this statement (General Statues of Connecticut, Vol 13, Sec 53a – 157b under penalty of false statement(*) in the second degree: Class A misdemeanor). I acknowledge that I have read it and/or have had it read to me and it is true to the best of my knowledge and belief.

****

CONNECTICUT DEPARTMENT OF AGRICULTURE

Received by: _____ Date:_____

****

(*)Sec. 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree: Class A misdemeanor. (a) A person is guilty of false statement in the second degree when he intentionally makes a false statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function.

165 Capitol Avenue, Room 129, Hartford, CT 06106
Phone: 860/713-2503 Fax: 860/713-2516

Revised 12/2011

PLEASE ENTER THE TYPES OF PRODUCTS AND AMOUNT BEING PRODUCED BY YOUR FARM/BUSINESS

LIVESTOCK/POULTRY

Cows

Dairy	Beef	Veal
_____	_____	_____

Sheep

Lambs	Ewes
_____	_____

Goat

Meat	Milking
_____	_____

Pigs

Feeder Pigs	Market Hogs	Sow/ Boars
_____	_____	_____

Chickens

Broiler	Layers	Spent Hens
_____	_____	_____

Eggs – Dozens per week

_____

Turkeys

Toms	Hens
_____	_____

Other Livestock

CHEESE

Type of Cheese	Lbs/Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HONEY

# of Hives	Lbs/Year
_____	_____

MAPLE SYRUP

# of Taps	Gals/Year
_____	_____

BAKERY

(Name of Product)

VALUE-ADDED SPECIALTY FOODS

(Name of Product)

BEDDING PLANTS/ANNUALS

Grnhse SqFt	Flats/ Containers	Hangers
_____	_____	_____

Name of Plants:

CUT FLOWERS

Acres	Rows Ft	Grnhse SqFt
_____	_____	_____

PERENNIALS

Grnhse Sqft.	Flats	Containers
_____	_____	_____

(Name Of Plants)

SEAFOOD HARVESTED

(Type of Fish/Shellfish)

Please list any licenses applicable to you business and the agency/district they are from:

Please visit www.ctgrown.gov and review the latest version of the Farmers' Market Reference Guide. This will provide information pertaining to common goods sold at all Connecticut Farmers' Markets.